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ABSTRACT

The second of a two volume series contains 1974 Florida Department of Education guidelines to assist local school districts in planning instructional programs for all exceptional students. The guidelines for developing criteria and procedures in each area of exceptionality are said to be based on proposed definitions for State Board of Education regulations. Specified for each exceptionality are a definition; criteria for eligibility; procedures for screening, referral, identification, placement, and dismissal; instructional programs; facilities; transportation; program personnel; and program evaluation. The following handicapping conditions (in color coded sections) are included: educable mentally retarded; trainable mentally retarded; physically handicapped; language, speech, and hearing impaired; deaf and hard-of-hearing; visually handicapped; emotionally disturbed; learning disabled; and socially maladjusted. Additionally covered with the same format are gifted and homebound students. (MC)

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District Procedures for Providing Special Education for Exceptional Students

GUIDELINES - 1974

Volume II

Planning Instructional Programs for Exceptional Students

DEPARTMENT OF EDUCATION
TALLAHASSEE, FLORIDA
FLOYD T. CHRISTIAN, COMMISSIONER

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1974

GUIDELINES

DISTRICT PROCEDURES

FOR PROVIDING

SPECIAL EDUCATION

FOR

EXCEPTIONAL STUDENTS

VOLUME II: PLANNING INSTRUCTIONAL PROGRAMS FOR EXCEPTIONAL STUDENTS

Bureau of Education for Exceptional Students

Division of Elementary & Secondary Education

FLORIDA DEPARTMENT OF EDUCATION
Floyd T. Christian, Commissioner
Tallahassee, Florida

This public document was promulgated at an annual cost of $912.33 or $.91 per copy to assist local school systems in developing appropriate procedures to provide those special arrangements which will enable the exceptional student to make greater progress toward optimal growth and development.

TABLE OF CONTENTS

Volume I: General Guidelines and Appendix

Foreword
Acknowledgements

I. Purpose and Review Procedures 1

II. Basic Consideration for Development of District Procedures and Programs
- A. Historical Perspective 2
- B. What is "Mandatory Legislation" 2
- C. Program Philosophy 3
- D. Funding 3
- E. Relationship of District Procedures for Providing Special Education to District Comprehensive Planning 4
- F. District Program Planning 5
- G. Multi-District Programming 7
- H. Teacher Certification 8
- I. Instructional Resources 8
- J. Provisions for Staffing of Exceptional Students 9
- K. Due Process Procedures 10
- L. Contractual Arrangements with Non-Public Schools 13

III. The Role of the Department of Education 16

IV. Administration and Supervision of District Special Programs for Exceptional Students 18

V. Outline for District Procedures for Providing Special Education for Exceptional Students 20

Appendix
- A. Florida Statutes -- Excerpts pertaining to Exceptional Students 26
- B. Florida State Board of Education Regulations -- Excerpts pertaining to Exceptional Students 32
- C. Florida Accreditation Standards - Excerpts pertaining to Exceptional Students 44
- D. Florida Statutes and State Board of Education Regulations pertaining to Speech Pathology and Audiology Act 62

Volume II: Planning Instructional Programs for Exceptional Students

VI. Planning Instructional Programs for Exceptional Students
- Educable Mentally Retarded 2
- Trainable Mentally Retarded 9
- Physically Handicapped 17
- Language, Speech and Hearing Impaired 22
- Hearing Impaired: Deaf and Hard of Hearing 34
- Visually Handicapped 41
- Emotionally Disturbed 45
- Specific Learning Disabilities 58
- Socially Maladjusted 67
- Gifted 74
- Hospital and Homebound 83

VI. PLANNING INSTRUCTIONAL PROGRAMS FOR EXCEPTIONAL STUDENTS

Introduction

This chapter provides guidelines for developing criteria and procedures for each area of exceptionality based on the proposed definitions for State Board of Education Regulations. The overall definition of exceptional students recommended for SBE Regulations states:

> Exceptional student shall mean any child or youth enrolled in or eligible for enrollment in the public schools of a district who requires special instruction or special education services to take advantage of or respond tc educational programs and opportunities because of a physical, mental, emotional, social or learning exceptionality as defined below.

PLANNING INSTRUCTIONAL PROGRAMS FOR THE EDUCABLE MENTALLY RETARDED

A. Definition

One who is impaired in intellectual and adaptive behavior and whose rate of learning is approximately 1/2 to 3/4 that of a student of normal intelligence and whose developmental status reflects his rate of learning. The measured intelligence of an educable mentally retarded student generally falls between the range of 2 to 3 standard deviations below the mean (in most tests the mean intelligence is 100; Standard Deviations 15-16) and the assessed adaptive behavior falls below age and cultural expectancies.

B. Criteria for Eligibility for Special Programs

Criteria for eligibility: a child is eligible if he meets the following criteria.

1. Intellectual Development

   a. 1/2 to 3/4 that of normal intellectual development would be approximately a score of 50-75 I.Q. points on the standardized instruments, Stanford-Binet Form L-M or the appropriate Wechsler.

   b. 2-3 standard deviations from the mean would be approximately 68-55 on the Wechsler.

2. Impaired Adaptive Behavior: Deviation from population norms in adaptive behavior as measured in the school, at home and in the community.

ADAPTIVE BEHAVIOR is defined as the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group. (AAMD, 1973)

C. Procedures for Screening, Referral, Identification, Placement and Dismissal

Appraisal Process

An appraisal process shall be established by each school district providing special education. This shall be an orderly and systematic process which includes pupil referral and screening, comprehensive assessment, educational planning, placement, and dismissal.

1. Screening

   Screening consists of generating and compiling all immediately available data on all children to be referred. Each district is responsible for establishing procedures for collecting screening data to be submitted to the designated committee. Screening should be a continual process with the emphasis at the pre-school and primary levels. The principal

techniques would be:

a. Observation by classroom teachers.
b. Evaluation of group test results.
c. Observation by specialist (i.e. physician, health personnel, or guidance counselor).
d. Parent observation.
e. Surveys (i.e. inter and intra agency surveys, community survey.)

Direct observation is of great importance because the observer is viewing a life process occurring in the longitudinal perspective that the child is undergoing daily in growth and development.

INSTRUMENTS SUGGESTED:

Metropolitan Readiness Test
Peabody Picture Vocabulary Test
California Achievement Test
Slosson Intelligence Test

2. Referral

Referral is initiated when a pupil is perceived as possibly having a deficit in the cognitive and affective domain which may impede pupil achievement and/or adjustment. Referral may be made by the parent or guardian, physician, community agencies, school personnel, or as a result of the school's systematic screening procedures. Each referral is directed to the appropriate designated committee or person for subsequent action which would include analyzing of available data and recommendations for alternatives for action to be taken, such as a comprehensive assessment.

3. Identification

a. Parental permission for the comprehensive evaluation.

b. Psychological information prepared by a certified school psychologist or other professional qualified to administer and interpret psychological testing approved by the Department of Education. Instruments to be used shall be the Stanford-Binet Form L-M, or Wechsler Preschool and Primary Scale of Intelligence and the appropriate level Wechsler with older children. Other instruments that may be included in the battery are the Bender-Gestalt, the Draw-A-Person (D.A.P.), the House/Tree Person (H.T.P.), and any other supplemented tests deemed necessary by the examiner.

c. Social and Developmental

1. School - by all involved school personnel.
2. Community - by social workers, parents, health and other agencies' personnel.
3. Home - by social workers, visiting teacher and other school personnel through personal interviews with a parent or guardian in the home.

d. Health History

By school health nurse, visiting teacher or social worker for parental information. The following should be included:

1. Complete Medical Examination.
2. Speech and Hearing Examination.
3. Vision Examination.

e. Educational History

By regular classroom teacher, educational diagnostician, principal or guidance counselor through observation, study of cumulative folder and test scores to be submitted as a written report.

4. Placement

Placement in a class for the educable mentally retarded must be recommended by the placement committee. The placement committee is composed of at least four members representing the areas of administration, instruction, appraisal, and exceptional child education. The committee considers available information for the purpose of determining the eligibility of all pupils for original assignment, continued enrollment and termination of special education.

Suggested members of the Committee might be:

a. Director, Exceptional Child Education or designated authority.
b. Director, Pupil Personnel Services or designated authority.
c. Director, Elementary Education or designated authority.
d. Mental Retardation Consultant.
e. School Psychologist involved.
f. Social Worker.
g. Principal .
h. Teacher where student is enrolled.
i. Exceptional Child Education Teacher.
j. Parent
k. Other involved case study personnel as requested by Director, Pupil Personnel Services or Director, Exceptional Child Education.

Pupils shall not be assigned to classes for the mentally retarded on the basis of national origin nor on the basis of criteria which requires a command of the English language. Pupils shall not be placed in classes for the educable mentally retarded if the deficiencies identified are directly attributable to a cultural life style, to not having had educational opportunities, or to not having achieved from previous educational experiences.

All assignments should be comprehensively reappraised at least every three years. In addition, an annual review of the appropriateness of each child's continued assignment in the program shall be made by the staffing committee.

The administrator of the exceptional child program or the designated authority has the final responsibility for placement of children in programs for the

mentally retarded. However, parent permission may be required prior to a decision for placement.

5. Dismissal

A Dismissal Committee comprised of the persons recommended for the Placement Committee would determine dismissal based on:

a. Dismissal may be recommended by the teacher and/or principal but must be approved by the placement committee. Other program alternatives should be identified.

b. Transfer to regular program may be recommended by the teacher and/or principal because of anticipated ability to succeed with approval of the Placement Committee.

c. Dismissal may result from reevaluation of eligibility criteria.

d. Students satisfactorily completing the secondary program should receive diplomas.

D. Instructional Programs

The instructional program will emphasize basic skills development, social-personal skills, psychomotor development and career education components at the pre-readiness, readiness, developmental, developmental-functional, and functional levels. The program should be sequential and be performanced-based at all levels.

Post-school follow-up is recommended as an important segment relative to the secondary program.

1. Program Objectives

The overall objective of educational programs for children and youths who are educable mentally retarded is to evolve mature individuals to the extent that they are socially and occupationally competent. Social competence includes the ability to make relevent decisions in areas ranging from self management of personal affairs to establishing and maintaining a family and household. Occupational competency ranges from obtaining and holding a remunerative job to appropriate performance on the job as a responsible and a cooperative member of a work force.

The overall objective necessarily involves many related objectives. These would include, but not be limited to, functional literacy and quantitative ability.

2. Organization

District policy regarding class size, composition, and teacher pupil ratios should allow considerable flexibility in order to design the appropriate classroom setting for every retarded child. In general, class size can be increased as the age of the students increases. A guildline for teacher-pupil ratio in classes composed of mildly and moderately

retarded students below 13 years of age should be no more than 12 students to one teacher per instructional hour, and above 13 years of age the ratio might increase to 15 students to one teacher per instructional hour. Also, a chronological age span of not more than three years, and an instruction span of not more than three grades or achievement levels is recommended.

3. Student Assessment

Student assessment should first determine the students developmental functioning level. Performance-based objectives, should be designed with re-assessment as an on-going process.

The performance-based objectives should be developed for all areas of instructional content. Assessment would be by teacher observation; teacher-made tests; parent interviews; and at the functional level, on-the-job evaluation by teacher and employer. A follow-up evaluation should be done one year after the student leaves the program. The student assessment should be reflected through appropriate record keeping techniques.

E. Facilities

1. Location

Classroom facilities should be made available in a regular school complex, where the instructional program can be offered with adequate space for additional activities. The classroom should be in a location that is accessible to the support areas that are needed to carry out identified instructional goals and objectives.

To facilitate the integration (fusion) with regular students, the EMR class should be located in a facility that houses a population that most closely approximates that of the chronological ages of the students being served in the EMR classes.

2. Size

Minimum size for a classroom for EMR students housed at an elementary level should be approximately 700 square feet including storage.

Minimum size at a junior-senior high school would be approximately 650 square feet. However, this is for classroom instruction only. If the vocational program objectives are not to be met within the school structure then provision for space to accommodate these activities should be required.

A one classroom instructional program that would include programs in basic home economic skills, industrial education experiences, and academic instruction could be provided in approximately 900 to 1000 square feet for approximately 15 students per instructional hour.

F. Transportation

Provisions for transporting EMR students may require special consideration if the location of the class, or clustering of classes, extend beyond the limits of the district's established school bus routes. In that event, alternative routes may need to be established or a shuttle system provided. In either of the proposals for special transporting, consideration should be given to the length of time a student is transported so that undue discomfort is not placed on the student. If a shuttle system is used, there may be need for supervision at the interim bus stop.

Another area for special consideration is the transporting of secondary students from a school center to a site for vocational training or work experience. If established bus routes can not be used, then alternative approaches need to be made, such as private transportation or use of public transportation.

G. Program Personnel

1. Supervision

It is recommended that one (1) full-time EMR supervisor for programs for the educable mentally retarded be employed for every 150 EMR students, and that additional personnel be added as the student population served increases.

2. Professional Competencies

Teaching Certification in field of mental retardation (see chapter 6A-4 SB regulations).

The following competencies may be used in the selection of teachers for the mentally retarded and in structuring inservice activities.

a. Knowledge and application of the principles of child and adolescent growth and development as it pertains to the normal in maturation, learning, and social development.
b. Knowledge and application of the principles underlying the various exceptionalities as to how each relates to learning maturation and social development, when compared to the normal.
c. A knowledge of the nature of the task and the ability to teach the skill and content areas of reading, writing, spelling, arithmetic, elementary science and social studies.
d. Knowledge and application of the methodology necessary to select, develop, and evaluate sequential educational curriculum.
e. Knowledge and experience in individualized educational assessment and evaluative techniques, both qualitative and quantitative.
f. Knowledge and skills in the prescription of total life planning and habilitative and rehabilitative processes which include prevocational, vocational as well as leisure time activities.
g. An understanding of the role, function, utilization and interrelatedness of in-school ancillary specialists including: other professionals,

aides, agencies, volunteers, parents and para-professionals.

h. Knowledge in evaluation and utilization of research as it relates to improvement of instruction and educational management of exceptional children.

i. Skill in developing appropriate educational strategies for adapting methodology and curriculum to the individual instructional needs of the retarded.

j. Knowledge, skills, and attitudes of appropriate management procedures for the intellectually disabled based on maturation, learning and social development, e.g. behavior-shaping techniques, role playing, group processes and counseling.

k. Knowledge and skills in large and small muscle activities, and basic home-making home mechanics and occupational activities.

3. Inservice

Inservice components should be designed and included in the master plan for inservice training which directly reflect needs of teachers of the EMR. An evaluation component should be a part of all inservice training.

H. Program Evaluation (status and process)

Specific objectives for all curriculum areas specified in the accreditation standards for programs for the EMR, should be required. There should be a periodic evaluation of student progress in meeting these objectives.

Overall evaluation of the program may be based on accreditation reports and administrative reviews of the program in terms of enrollment and community, school, and student needs. Additional evaluation methods could include a Program Profile Study and a Program Needs Assessment to determine the strengths and weaknesses, or a Self Study.

PLANNING INSTRUCTIONAL PROGRAMS FOR THE TRAINABLE MENTALLY RETARDED

A. Definition

One who is impaired in intellectual and adaptive behavior and whose rate of learning is approximately 1/4 to 1/2 that of a student of normal intelligence and whose developmental status reflects his rate of learning. The measured intelligence of a trainable mentally retarded student generally falls between the range of 3 to 5 standard deviations below the mean (in most tests the mean intelligence is 100; Standard Deviations 15-16) and the assessed adaptive behavior falls below age and cultural expectancies.

B. Criteria for Eligibility for Special Programs

Criteria for eligibility: a child is eligible if he meets the following criteria.

1. Intellectual Development

   a. 1/4 to 1/2 that of normal intellectual development would be approximately a score of 25-50 I.Q. points on the standardized instruments, Stanford-Binet Form L-M or the appropriate Wechsler.

   b. 3-5 standard deviations from the mean would be approximately 51-20 on the Stanford-Binet and Cattel or 54-25 on the Wechsler.

2. Impaired Adaptive Behavior: Deviation from population norms in adaptive behavior as measured in the school, at home and in the community.

   Adaptive behavior is defined as the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group (AAMD, 1973).

Prevalence - As a basis for planning a program for trainable students, the prevalence rate selected is determined in part by the range of I.Q. included in the definition for the category. In each instance where prevalence studies have been conducted, the selection of individuals within the category have been influenced by the appropriateness of psychological instruments used to determine mental retardation and the cultural diversity of the population tested. For purposes of state planning, the prevalence rate established for classification of trainable was .25. However, with mandatory provisions for all exceptional students and the deletion of exclusions for eligibility criteria for placement, the prevalence rate has risen slightly above that of the established .25 and for state planning purposes .30 is now being used.

C. Procedures for Screening, Referral, Identification, Placement and Dismissal

1. Screening

   The purpose of screening is to identify, as early as possible, children

who may be mentally retarded, severe enough for special class placement or other service. Children suspected of being retarded may be identified by physicians, parents, or agency personnel in the community. In the event that a diagnosis of mental retardation has not been made prior to a child entering school, screening techniques should include examination of significantly low scores on standardized tests and classroom teacher's observation of students achievement or social behaviors significantly inconsistent with developmental norms. Classroom teachers should be given inservice training in the identification of handicapping conditions, including mental retardation.

2. Referral

The purpose of referral is to provide a procedure for requesting special education. A request for services may be made by agency personnel, parents, medical personnel, other appropriate individuals, and designated personnel within the schools.

Intake information should be recorded on a form designed for the processing of referral requests. The method selected for standardizing the referral process should be made known to all concerned persons within the community and within the school system. Resultant action taken on the referral should be noted in writing and all children who may require special education referred to the designated resource for evaluation and an appropriate educational plan.

3. Identification

The purpose of identification is to confirm the suspected condition of retardation through a process of assessment or indepth evaluation resulting in a recommendation for an individualized educational plan. The indepth evaluation should include:

a. A comprehensive appraisal of intelligence factors utilizing individual intelligence tests such as the Stanford-Binet and the Wechsler Scales;
b. A comprehensive appraisal of adaptive behavior factors by instruments or observational data. (see appendix)
c. A comprehensive appraisal of educational functioning if the child is enrolled in school, including current achievement, teacher's report of observed behaviors and abilities, and the child's specific functioning levels within such broader aspects of educational development as self help, motor development, communication, social adjustment, and academic achievement or occupational skills;
d. A comprehensive appraisal of health factors including medical assessment and diagnosis of the student's physical condition to determine the child's needs for correction or amelioration of systemic or of chronic physical conditions and should include vision and hearing assessment;
e. A comprehensive appraisal of sociological variables including an assessment of pertinent family history and home situation factors.
f. A comprehensive appraisal of emotional and/or behavioral factors including assessment of behavioral and/or emotional problems.

Data gathered from the indepth evaluation should be prepared in a prescribed manner for presentation to the placement committee for program

placement decision. In accordance with State Board of Education Regulations, evaluation specialists shall make recommendations on students who may be eligible for special programs provided each specialist is licensed in his professional field as evidenced by a valid license to practice his profession in Florida or shall hold a valid Florida teacher's certificate with appropriate training and shall be approved by the Director of the Division of Elementary and Secondary Education to perform this function.

4. Placement

The purpose of placement is to determine eligibility for an instructional program or instructional services and is based on appropriate data provided the designated staffing committee through staffing procedures.

Four major types of staffing have been identified by Ahr (1970):

1. Eligibility staffing for all cases being considered for special class or service;
2. Educational planning and treatment staffing for all cases who are eligible for a special class for the purpose of planning remedial action;
3. Articulation staffing for all cases being considered for transition between primary, intermediate, junior high, and senior high programs; and
4. Dismissal staffing for the purpose of discussing cases in which there does not appear to be need for continued special educational services of the type presently provided.

Participants in the staffing activity should include an appropriate representative of the sending school, the exceptional child administrator or designee, all school personnel involved in the evaluation of the child and those who will be responsible for the provision of the appropriate education services. The staffing committee performs the following minimal responsibilities: reviews all available data, determines if the pupil meets the eligibility criteria, determines the child's unique educational needs, makes appropriate instructional placement designation, develops an education plan, and develops an individual written summary of the findings and recommendations following each meeting of the committee. The summary includes the date, the names, the provisions, and the signatures of the persons participating in each meeting. A report is made and included in each pupil's eligibility folder.

In keeping with due process procedures, parents or guardians shall be provided with an explanation of the evaluation and the educational plan drawn to meet their child's needs.

As a result of staffing decisions for special education placement, procedures that will assist the child in making the transition into the special educational program should be developed and implemented. The receiving school should be provided a copy of the educational plan of the child and should be provided with those materials and equip-

ment essential to his educational development. The educational development of the child receiving special education shall be evaluated and reported in relation to the individual objectives established. A function of the staffing committee should be a review of the child's continued enrollment in his present placement and should be made on a periodic basis.

5. Dismissal

A determination for dismissal should be considered by committee. Such staffing would consider a recommendation for continued enrollment in his present class, discontinuance of the present enrollment for reassignment to some other program as deemed appropriate based on a review of all available data, or termination of a program. As in the admissions procedure, parents should be notified of decisions made for dismissal and provided a rationale for such decisions. When the provision of a special education instructional program is to be terminated, the parents or guardians of the child shall be informed prior to the termination.

D. Instructional Programs

1. Program Curriculum, Objectives, and Assessment

The purpose of the educational program for trainable students is to assist the learner become as independent and self-sufficient as possible in the home and in the community. Program goals identified by Kirk (1957), in a comprehensive survey of school programs in the United States, are self care, social adjustment, and economic usefulness.

The value of goal selection has been documented in a report of Title VI-B project activities for trainable mentally retarded in the Duval County Public Schools, (1973). The report reads, "Program goals are the basis for any rational management plan or accountability model. They provide an orientation to the main emphasis of an educational program and represent the link between the program and values, desires, needs, and expectations of the community. Two major steps are required in establishing program goals: identifying potential goals, and determining their relative importance. It is essential that both the lay community and professional educators participate in these steps to insure that the goals are realistic." Continuing from the report, "Program objectives should be based upon program goals and should be measurable, communicable statements of intent." To date, the Duval County TMR program has developed student behavioral objectives spanning three competency areas: social, academic, and occupational.

Other curriculum projects have identified program content that is indicative of an increasing emphasis on broadening the curriculum for trainable mentally retarded students. According to Dunn, (1973), four comprehensive goals are identified: (1) self-help, basic readiness, and independent living skills development; (2) communication, language, and cognitive development; (3) socialization and personality development; and; (4) vocational, recreational, and leisure skills development.

The specificity of instruction for each student is based on an individual educational plan. The selection of objectives for each individual can be made from a pre-determined set of objective statements developed by a district or from an objective bank containing a specialized collection. The degree to which the student achieves the objectives, at any specified level, is assessed by a criterion referenced measure of achievement or proficiency. A student's score on a criterion referenced measure provides explicit information as to what the individual can or can not do. Measures which assess student achievement in terms of a criterion standard thus provides information as to the degree of competence obtained by a particular student which is independent of reference to the performance of the others (Popham, 1971).

2. Organization

For planning purposes, a state average class size of 10 has been used. An analysis of class size across the Nation indicates a range of as few as four to as high as eighteen. In most instances, the average has tended to remain or cluster around the ten established for planning in Florida, with the provision of a teacher aide when the class size exceeds that number. The size of any class may vary from below or above 10 if consideration is given to ages of the children within a given class, the degree of severity of the handicap of the children enrolled, and the experience of the teacher in coping with the needs of retarded students. Other considerations may be the scheduling of children, utilizing a team teaching approach, facility designs, volunteer assistance, the nature of the teaching activity, the use of instructional media, and supervision.

E. Facilities

Between 1968-1973 over five million dollars were awarded districts for the construction of special facilities for trainable mentally retarded. Local planning teams assisted by Department of Education staff developed educational specifications for each constructed facility.

The planning for facilities where needs still exist should be guided by facility accreditation standards. Copies of district educational specification may be examined for examples of programs and environmental specifications.

F. Transportation

Concerns identified and resolved by individual districts include the distance and time required to reach a centralized facility in a single district or to a multi-district program. Although procedures may be established for the maximum length of time or the number of miles that students may be transported, a district must determine on an individual basis, the degree to which a child can be transported without discomfort or ill health. Another concern in the provision of safety belts, lifts, or aides to assist children with physical impairments who cannot ride unattended without close supervision.

Other concerns are as follows: (a) agreements between districts for the provision of transporting children across district lines (b) effect on scheduling (c) transporting students to a sheltered workshop or work placement

Funds are available to provide transportation for all children eligible for instructional programs, but the constraints of distance, severity of handicapping conditions, the amount and kind of supervision, and cross-county lines transporting need to be considered in developing a plan for transportation. (see State Board of Education Regulations)

G. Program Personnel

Basic requirements for providing competent program personnel have been certification requirements in the field of mental retardation provided through pre-service training and add-on required course areas, and inservice activities based on identified needs in the district. As programs for trainable mentally retarded students approach the goal of mandated programs, a reassessment of teacher competencies must be made for the purpose of state planning for inservice activities. A survey of needs must be made to give direction for such activities. Presently, the greatest areas of need seem to be:

a. individualizing instruction by the use of criterion referenced objectives
b. student assessment techniques
c. behavior management techniques
d. reporting procedures including parent conferences
e. use of instructional materials and media

H. Program Evaluation

Evaluation is defined as the assessment of the success of the program in terms of operationally defined goals. All evaluation involves the comparison of performance with some standard. The State of Florida accreditation model for assessing the State's educational system contains standards for process, product, and status evaluation. Compliance determines the degree of successful attainment of the stated goals. District instructional programs for the trainable mentally retarded are compared to the accreditation standards specified for the program. Components of the accreditation model are:

1. the development of goals expected of the educational process by the education staff, students, and the community being served;
2. the development by the staff of objectives from the goals which contain the student behavior expected, conditions under which this behavior is expected and the criterion for measuring the behavior expected;
3. the development of activities by the education staff (with assistance of lay persons) to provide first hand experiences focused on the objectives developed;
4. an evaluation of performance by means of the criterion developed when the objective was established; and
5. collection of data as feedback.

As described earlier, the assessment of student performance utilizing pre-selected objectives via criterion referenced procedures provides a process for evaluating

product standards described in the accreditation standards.

In an attempt to assess status and process standards, a state-wide needs assessment was undertaken to determine gaps within the programs for the mentally retarded. As a result of the needs assessment, a comprehensive project to develop guidelines for programs for the mentally retarded is being conducted during the school year, 1973-74.

A major activity in program evaluation, is the accountability project for TMR students developed in the Duval County school system described earlier. Reports of the first two years activities of the project are available from the Department of Education.

It is hoped these guidelines will provide a means of self-evaluation. The process of evaluation is on-going and provides a means by which the goal of the Department of Education for educational renewal can be accomplished.

ADAPTIVE BEHAVIOR SCALES

1. AAMD Adaptive Behavior Scales
   American Association on Mental Deficiency

2. Balthazar Scales of Adaptive Behavior for the Profoundly and Severely Mentally Retarded
   Earl E. Balthazar

3. Cain-Levine Social Competency Scale
   Leo F. Cain, Ph.D., Samuel Levine, Ed.D., Freeman Elsey, M.S.

4. TMR Performance Profile
   A. DiNola, B. Kaminsky, A. Sternfeld

5. Vineland Social Maturity Scale
   Edgar A. Doll

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PLANNING INSTRUCTIONAL PROGRAMS FOR THE PHYSICALLY HANDICAPPED

A. Definition

One who has a crippling condition or other health impairment and such condition requires an adaptation to the student's school environment or curriculum.

B. Criteria for Eligibility for Exceptional Students

The orthopedically handicapped child is one who has an impairment which interferes with the normal functions of the bones, joints or muscles to such an extent that special arrangements must be made to provide an educational program.

Children with special health problems are those with physical conditions which require special arrangements for provision of an educational program. Children who may be included would be those who have cardiac disorders, diabetes, epilepsy, cystic fibrosis, hemophilia, asthma, leukemia and nephritis.

Multiply handicapped children whose primary or most severe disability is a crippling condition or other health impairment could be included in a program for the physically handicapped.

C. Procedures for Screening, Referral, Identification, Placement and Dismissal

1. Screening

In order to ensure children appropriate educational programs, every school district is faced with the responsibility of developing an on-going screening program. If the screening program is to be effective and efficient, it requires the assistance of all the professionals with whom the child may have association particularly the medical profession and those agencies serving physically handicapped children.

2. Referral

A referral system should be established in each school district to ensure each child an adequate diagnosis and an appropriate educational program. Nominations for the program should reflect the educational philosophy of the district, goals of the program, definition and eligibility criteria.

Community professionals, specialists, classroom teachers, principals, administrators and parents are sources for program candidates.

3. Identification

A child should be certified by a physician to be physically unable to attend school without the services of a special program, facilities and/or transportation. A psychological evaluation, a complete case history and educational assessment and functional analysis should be compiled on each child.

4. Placement

All available data (referral, screening, identification) relevant to making recommendations for educational programming should be gathered and presented to the staffing committee. The purpose of staffing is to ensure the appropriate educational program for the child. Therefore, concerned professionals who have pertinent information relevant to the child should be included in the staffing to study and evaluate all available data. Among those who should be included are the receiving teacher, receiving principal, a representative from the referring agency or the referring individual, school psychologist, school social worker and a representative from the Exceptional Child Education Department who chairs the staffing committee.

5. Dismissal

A child may be dismissed from the program if medical evidence shows the child no longer needs a special program and this information is presented to the staffing committee who makes the recommendation for dismissal.

D. Instructional Programs

1. Program Objectives

a. To maintain the physically handicapped learner in the regular school program as much as possible

b. To provide the severely physically handicapped learner with academic, social and vocational skills in order for him to achieve maximum growth and development

c. To improve, strengthen and reinforce the basic academic skills, including not only communication and computational skills, but also the ability to think, to analyze and to solve problems, and to do independent and creative work

d. To develop compensatory skills and provide special aids so that the physically handicapped learner can achieve up to his potential

e. To develop a positive self-concept that will carry over into all areas of living

f. To develop independence within the limits of his physical capacity

2. Curriculum

The curriculum for a physically handicapped program should follow the basic curriculum of a regular school with provisions for individual differences except for those children who, because of additional handicaps, must have a curriculum adapted to their special needs. Included in the curriculum for the physically handicapped may be the services of physical therapy, occupational therapy and speech therapy.

3. Student Assessment

Student assessment should be made in terms of progress in academic, physical, social and emotional areas. The results, of course, would have

a bearing upon lessons and program evaluations.

Examples of diagnostic and assessment techniques are:

a. psychological tests, examinations and inventories;
b. individualized conferences;
c. achievement tests;
d. sociograms;
e. systemic reporting for students, parents and school personnel;
f. activities of daily living.

E. Facilities

Physical facilities may need to be adapted for physically handicapped students, but modification of curriculum, methods, and materials probably will be necessary only when:

1. the disability is severe and permanent and will greatly influence future vocational and social competency;

2. lack of normal experiences, absences from school, and the necessity of functioning at reduced speed may extend the amount of time required to complete prescribed courses; and

3. intellectual capacities and learning deficits may require the use of special methods and materials.

For a large majority of these children their physical condition is not handicapping in a regular classroom when certain minor adjustments are made.

Changes in physical facilities in regular school buildings that can be made to compensate for physical impairments include modifications in buildings such as

1. a short ramp up a number of steps for children in wheelchairs or on crutches;

2. a hand bar by a drinking fountain, in a toilet stall, or near a section of blackboard;

3. the removal of desks to make room for a wheelchair;

4. modification of furniture to provide for a child with braces;

5. rubber mats over slippery floors; or

6. accessible padded mats.

Other building features for the safety of handicapped students are discussed by Graham (1961), Connor (1962), and Mullen (1965). The problems of the child with poor hand coordination may be solved by such procedures as:

1. taping paper to the desk;

2. devising means of keeping pencils and crayons from rolling to the floor

3. providing book holders or mechanical page turners.

In buildings of more than one story, and particularly in secondary schools in which students change classes frequently, the problem is somewhat complicated. In some cases transfer of a student to another building or a change in scheduling may solve the difficulty. Larger school districts usually plan at least one regular school building with ramps or elevators to which handicapped pupils can be transported. Adjustments in buses can be made to accommodate wheelchairs and crutches and to assist students in getting off and on.

Physical facilities and equipment in both special schools and classes are designed to accommodate the child with severe physical involvement and to allow for freedom of movement and independent living. Some features to be considered are

1. wide doorways;
2. nonskid floors;
3. handrails;
4. rounded corners;
5. protected coat hooks.

Play areas, toilet facilities and drinking fountains should be planned for wheelchairs and crutches. Desks and other furniture should be planned with the handicaps of the children in mind and be flexible enough to be adapted to various individual needs.

Regular school furniture can sometimes be modified by

1. adjusting seats to turn to the side so that a child with braces can sit more easily,

2. providing foot rests;

3. adding hinged extensions to the desk with a cut-out for the child that has poor sitting balance,

4. eliminating protruding parts over which a child might trip.

For children with special problems of sitting or standing, equipment such as special adjustable chairs, stand-up tables, stabilizer, or cut-out tables may be necessary.

Only very general statements may be made about teaching equipment required in special schools and classes since the variety and complexity of the disabilities which may be present among even a small class of children make it necessary for the teacher to have available many of the special devices and materials that are used in teaching not only pupils with physical impairments but those with visual, auditory, and other disabilities as well. In addition, most of the equipment must be modified to meet individual needs. Each specific combination of disabilities requires its own modifications. Electric typewriters, page turners, book stands, and pencil-holding devices may be needed to accommodate physical handicaps. Even though class load is small,

classrooms need to be as large or larger than regular classrooms to accommodate the special equipment. Further information and descriptions of such equipment may be found in references, particularly those that deal with the education of children with cerebral palsy.

F. Transportation

Transportation should be provided for all physically handicapped children. Adjustments in buses can be made to accommodate wheelchairs and crutches and to assist students in getting on and off. Travel monies should be provided for all itinerant personnel employed by the school system for the physically handicapped. Provision for monitoring a child subject to seizure activity should be considered. Monitoring may be construed to be a "buddy" or teammate approach.

G. Program Personnel

Obviously the competencies of the teachers in programs for physically handicapped and multiply handicapped students are of utmost importance. However, studies of teacher competencies to date have been concerned larely with skills and abilities for working with students in one area of exceptionality, and in most of these there has been no indication that teachers of children with one disability have skills which equip them to handle other impairments. Even though experience or research has provided limited data on the abilities and characteristics of a successful teacher of physically or multiply handicapped children, it is apparent that among these must be:

1. skill in assessing potential for learning and in determining avenues of accessibility;

2. ability to evaluate and apply varied teaching techniques as appropriate;

3. a working knowledge of innumerable teaching media;

4. flexibility in approaching the teacher-learning situations;

5. imagination and creativity far beyond that required in "normal" teaching.

Designing effective inservice programs calls for considerable creative planning, yet this is a crucial dimension of developing and improving programs. Inservice education designed for professional growth will make significant contributions to all those involved in the education process.

H. Program Evaluation

The evaluation procedures should be in terms of the program's basic objectives. The evaluation design should collect data for program validation, follow-up and modification of curriculum and student behavior. The State of Florida Accreditation Standards in the area of the physically handicapped should also be used for program evaluation.

Evaluation procedures may also include written assessments by staff, children and agencies relating to program effectiveness.

PLANNING INSTRUCTIONAL PROGRAMS FOR THE LANGUAGE, SPEECH, AND HEARING IMPAIRED

Developing and using complex communication systems is Man's most unique ability. These systems are utilized by Man not only for his existence but in his quest for learning, remembering his past and building his future. Through the positive and supportive attitudes generated by the community; through the skills, knowledges and attitudes introduced to the student by professional personnel; and with appropriate learning environments, equipment and materials provided by the local, State and Federal Governments, each student shall be afforded the opportunity to develop effective communication systems commensurate with his physical, mental and emotional growth patterns.

A. Definition

One who evidences disorders, deviations, or general developmental needs in his basic communication system whether verbal, gestural or vocal; receptive or expressive language; fluency of speech; voice quality; articulation; or, hearing ability which impede his academic learning, social adjustment, or self-help skills.

B. Criteria for Eligibility for Special Programs

1. Criteria is herein defined as standards upon which a decision or judgement may be based. Any one of the following standards may qualify a student for the language, speech, and hearing program.

2. Basic eligibility criteria are:

   a. Student evidences communication disorders, deviations, or general developmental needs which impede his academic learning, social adjustment, self-help skills or communication.

      1) Academic learning is defined as the attainment of knowledges, skills and attitudes necessary for fulfilling vocational aspirations, acquiring career competencies, and for demonstrating standards of good citizenship as evidenced by appropriate professional assessment tools, professional judgements, and student self-evaluation.

      2) Social adjustment is defined as self-realization in social, emotional, educational, and occupational settings and which may be evaluated by professional interpretation of appropriate assessment tools and by student self-evaluation.

      3) Self-help skills are those skills which assist a student to survive, obtain assistance from others, and achieve independence commensurate with his potential.

   b. Communicative ability which is less than expected developmental norms.

   c. Communicative ability less than evaluated student potential.

   d. The student's self-assessment of his need for improved communicative ability.

e. Communicative ability less than environmental expectations.

4. Disorders, deviations, or developmental needs include but are not limited to the following categories and these categories are judged in accordance with the preceding basic eligibility criteria:

a. Language: inappropriate phonology, morphology, syntax, semantics, perception or comprehension of language. Whether the major language system employed by the student is gestural, vocal, or verbal, it should be appropriate in timing, content, and be used in initiating or responding to communication.

b. Fluency which is inappropriate in rate or flow of phonemes, words or thought groups.

c. Voice which is inappropriate or atypical as to the student's age or sex in quality, pitch, resonance or volume.

d. Articulation which consists of omissions, substitutions or additions of speech sounds.

e. Hearing sensitivity which impedes acquisition of or performance in communicative ability.

C. Procedures for Screening, Referral, Identification, Placement and Dismissal

1. Screening

Definition: Screening is herein defined as that process by which a rapid assessment is made of a given population to obtain potential candidates who may fit a particular profile.

Rationale: Within the profession of language, speech, and hearing, there are usually three major reasons for screening students as potential candidates for communication programs. These reasons are:

a. Protection of student: each student referred for consideration of placement in any of the individual disciplines constituting special education should first receive a language, speech, and hearing examination prior to psychological evaluations and staffing. Vision screening should also be included and be done by a qualified examiner in that speciality.

b. Prevention of language, speech, and hearing impairments:

1) Hearing acuity is subject to impairment at any time during a student's life. Annual screening of selected populations by qualified personnel is recommended.

2) Language and speech developmental needs may be met more readily through early intervention in the case of students who evidence delayed language and speech as assessed by developmental or environmental norms.

c. To obtain an overview of the school community communication profile by the language, speech, and hearing clinician.

Some Considerations for the Screening Process:

By definition, each screening process for possible candidates into the language, speech, and hearing program should include a quick assessment of the major communication system utilized by the student whether verbal, gestural or vocal, receptive and expressive language abilities, fluency of speech, voice quality, articulation, and hearing sensitivity of the student.

The population to be screened should be clearly stated and rationale provided for this screening; for example, early identification and appropriate interventions are recommended for students with communicative impairment; therefore, kindergarten and first grade classes receive major emphasis in the screening process.

Each person involved in the screening process should be well-versed in the use of the tools employed; the scoring procedures; the reporting process. A unified screening program utilized by all school district personnel is recommended.

Care should be taken that appropriate facilities are utilized throughout all activities of a language, speech, and hearing program. A noise level no higher than 65 dB on the C Scale of a sound level meter should be recorded in the screening, diagnostic, therapy area.

The school principal should be an active participant in the language, speech and hearing screening process. The students to be screened, the possible educational follow-through to be provided, the over-all communication profile of his school population, should be a part of the principal's involvement. Various reporting systems should be used by the language, speech, and hearing clinician to inform the principal. (See Task Force Reports. "Scheduling and Screening Procedures In the Schools" Language, Speech and Hearing Services In the Schools, Volume IV, No. 3, pp. 109-119)

2. Referral

Definition: Referral is herein defined as that process whereby anyone within the school community may request assistance from a language, speech, and hearing clinician to assess the communicative abilities of a member of the student body. The school community includes parents, students, teachers, bus driver, cafeteria helper, secretaries, nurses, doctors, and administrators, to mention only a few.

Rationale: A referral system should always be available in a language, speech, and hearing program. This procedure allows a student to express his personal need for assistance although no person in his environment has indicated concern about his communication skills. Meanwhile the clinician is free to screen selected portions of the population knowing that other segments are not closed to assistance.

Some Considerations for the Referral Process: The referral process reflects the knowledges (by the population) pertaining to handicaps. To have an active and appropriate referral system, the language, speech, and hearing clincian has usually:

a. Employed many means of educating potential referral sources over a period of years as to the nature and extent of language, speech, and hearing disorders, deviations and developmental needs;

b. Set up and kept in constant operation, a clearly stated procedure for referral;

c. Provided within a short time lapse, an appropriate analysis of the communicative abilities of the referred student relative to consideration for the program;

d. Provided comprehensive reports which were professionally appropriate in message and professional in appearance to the referring party with a minimum time lapse.

3. Identification

Definition: Identification is herein defined as those professional activities which lead to the assessment of a student's communicative abilities in keeping with the criteria of eligibility for the language, speech, and hearing program. Identification is the refining of the precise needs of the student.

Rationale: By definition, screening and referral bring to the language, speech, and hearing program those students who are possible candidates for program assistance from a clinician.

Some Considerations for the Identification Process: Paramount to providing appropriate assistance to the student being identified are three factors:

a. Professional tools - The clinician should have at his disposal and be skilled in using and interpreting professional tools which assist him in assessing the student's major communication system; his oral peripheral mechanism; hearing acuity; speech perception; receptive and expressive language; rhythm of speech; articulation, and voice quality.

b. Professional time - Each student going through the identification process requires sophisticated interpretation of the assessments of his communicative needs. Inherent in this interpretation is time to consult with the class teacher, the referral source, the parent, to observe the student in settings other than in the test situation.

The tests and observations are of little value unless a synthesis of their results is made and a composite picture of the student's language, speech, and hearing abilities is provided. Again, by definition, this composite picture must show clearly the student's communication skills in relation to norms, the effect on the student's academic learning and social adjustment, the student's self-assessment of his communication, and the environmental expectations of the student's speech and language performance.

Time is required to sift, sort, probe, readjust selections of assessment tools. Time is required to seek out insight from other involved professionals. Time is required to provide an articulate, comprehensive synthesis of the student's abilities, needs and possible prognosis.

c. Professional reports and records - Without a clearly written and dated profile of the above tests, results, observations and findings, the identification process has little if any professional value.

4. Placement

Definition: Placement is the professional disposition of the student's communication needs.

Rationale: The placement of the student is a direct reflection of the clinician's professional philosophy and knowledges.

As the disposition of a student's need is enacted, the knowledges, skills and attitudes of the clinician are reflected. Dispositions include, but are not restricted to:

a. Negative clinical findings: - adequate language, speech and hearing. No further evaluation or intervention deemed necessary at this time.

b. Recheck: - language and speech development and hearing sensitivity are progressing in a manner which requires periodic checks to see that growth is continuing in a positive direction; usually a recheck each third or fourth month is required.

c. Refer to other service: - language, speech and hearing adequate or secondary in immediate importance to another primary concern. Referral to other services, e.g., medical, psychological, remedial reading.

d. Appropriate programming for individual students by the clinician include but is not restricted to the following:

1) assistance to only the parents of a student
2) assistance to classroom teachers
3) daily therapy sessions with severely involved speech and language impaired
4) periodic therapy sessions

5) individual, group sessions or both for any one student
6) placement in a full time class for language impaired pre-school or primary age students which is taught by a language, speech, and hearing clinician.
7) at the high school level, grouping of speech and language impaired students in a credit class taught by a language, speech, and hearing clinician and which is on the school's regular schedule of classes.

5. Dismissal

Defirition: Dismissal is herein defined as process whereby a student is removed from the active list for receiving services.

Rationale: Dismissal may take at least two forms. One form is when the clinician, student or other involved persons terminate therapy for the student because the particular goal for therapy has been accomplished or the student has transferred from the therapy program area.

The second form of dismissal is when the student who has been on the active list is placed on a recheck schedule which has a year lapse before the next check. Although not a dismissal per se, the student is not on the active list.

Suggestions for Consideration in the Dismissal Process: As the purpose of language, speech and hearing interventions with each student who requires assistance is to provide him with adequate communication skills away from the clinical setting, the following may be of interest:

a. The clinician could acquire assessments of the student's conversational speech through analyses by nonprofessional listeners of audio and video tapes of the student; direct assessment by naive listeners conversing with the students; through a panel of clinicians assessing the student's speech, language, or hearing sensitivity.

b. Goals and objectives for each student should be clearly stated as specific terminal behaviors at the onset of therapy interventions. When these are met to the satisfaction of the student, clinician and environment, therapy can be ended.

c. Any student who has not progressed satisfactorily or commensurate with his assessed potential should be reviewed by staffing procedures involving other clinicians, involved professionals, and parents before therapy is terminated.

D. Instructional Program

Definition: The instructional program is herein defined as the continuum of services provided by a language, speech, and hearing clinician, the various scheduling formats by which these services are provided, and the material and equipment which support the program activities.

Rationale: The program designs present continuity and comprehensive assistance to the divergent population requiring assistance for language and speech impairments. The pivot point for the program is the student's communicative needs. Skill is required to keep the program design from being negatively affected by the desire to equally share time with various school buildings rather than sharing time proportionately with students requiring assistance.

Based on the particular needs of students, school environments, and community needs, language, speech, and hearing programs include three major components. Of these three components, those students who require direct clinical assistance shall receive priority in the planning and use of the clinician's professional time, energy and abilities.

1. The three major program components are:

   a. Clinical Assistance - Direct intervention by the clinician with individual or groups of students with language, speech, or hearing disorders. The instructional program may provide:

      1) classroom placement for the severely language impaired receiving instruction all day with the language, speech, and hearing clinician.
      2) therapy several times a day for students
      3) therapy for varying time lengths of sessions for a student during any one school year
      4) individual therapy sessions
      5) therapy in small groups
      6) clinical assistance with the parents with no direct contact with the student

      This listing of program designs is not conclusive.

      As the needs of the students require assistance, the clinical program should be constructed.

   b. Resource Assistance - This program dimension assists those students whose language and speech deviations and developmental needs can best be helped within the regular classroom setting with indirect assistance by the clinician. This indirect assistance includes but is not limited to:

      1) Consultative services to classroom teachers by the clinician;
      2) Consultative services to curriculum coordinators by the clinician;
      3) Demonstration teaching in language development skills.

   c. Prevention of speech, hearing and language disorders - This program dimension emphasizes education of the general public. This education includes, for example, education of parents as to speech and language development; education of school personnel as to the importance of language, speech and hearing to the student's welfare; knowledge of and assistance in the reduction of noise hazards in the school community; and inclusion of the knowledge of speech and language development in high school curriculum offerings.

2. Equipment and materials

Definition: These are the professional tools which assist the program obtain its goals and objectives for each student.

Rationale: Equipment and materials are basic to the success of the instructional program. With selective purchasing, regular maintenance and ongoing skill development of the users, these professional tools will assist the student and clinician in obtaining the prescribed terminal objectives of individual program of interventions.

Suggestions for Consideration Concerning Equipment and Material:

a. Procedures for maintenance of equipment should be in written form and supported by a budget. Such equipment as an audiometer should be calibrated once a year or earlier if needed.

b. Any equipment used to reproduce voice samples should provide high fidelity and be faithful in its reproduction of the speaker's voice.

c. An inventory and lending library of equipment and materials assist in providing an extension to the tools allocated to each individual.

d. An ongoing budget for maintenance and purchase of equipment and materials should be in operation.

e. A professional library consisting of texts, journals, sample tests should be readily available to the staff.

E. Facilities

Definition: Facilities applies to those areas designated on a school campus for utilization by particular school activities.

Rationale: Facilities assist and encourage the desired behaviors of students and professional personnel. There is a minimum below which facilities should not be utilized for language, speech and hearing programs. If physical harm, ill health, diminished self-image, gross discomfort, or lack of clarity of the spoken word may ensue because of poor facilities, therapy activities in this area should be terminated. This termination should include the appraisal by the principal or his designated representative, the coordinator of special education, the supervisor of speech, language and hearing, and the clinician.

There are eight major aspects of facilities which directly affect the quality of assistance provided students with communications disorders, deviations or general developmental needs. These eight aspects are:

1. Availability of the same therapy area within the school setting from one therapy session to another

2. Privacy. The student should be provided the opportunity to express his concerns, frustrations, and therapy attempts without an audience.

3. Adequate acoustical protection.

4. Glare-proof, shadow-proof lighting.

5. Adequate ventilation.

6. Appropriate and adequate temperature control.

7. Adequate size

8. Adaptability

For details as to therapy facility designs, refer to Designing Facilities For Language, Speech and Hearing Programs in Florida Public Schools, Department of Education, Tallahassee, Florida, July, 1973.

F. Transportation

Definition: Transportation herein refers to the means of bringing particular services to a student or the student to the services.

Rationale: Transportation is the equalizer of services provided and given adequate staff, comprehensive transportation makes services to students become a reality.

Some Suggestions for Consideration in Transportation: Adequate reimbursement should be provided for use of the clinician's car when travel occurs between work centers during the day.

The upkeep of mobile units such as maintenance, washing of the unit, cleaning of the unit, should be clearly stated and be part of the maintenance department's responsibility.

Scheduling of therapy in particular sections of the school district for intensive therapy sessions may be an experimental project for school districts if daily therapy several times a day would assist students and use less travel time.

Because travel is expensive in fuel consumption, costs, and time it is strongly recommended that each clinician assist students in no more than two schools during the school year.

G. Program Personnel

Definition: Program personnel herein refers to those people employed as or directed by professionals in the field of language, speech and hearing, and whose job descriptions indicate 50% or more of their time is used in assisting the program for communicatively handicapped students.

Rationale: The personnel within the program are those who put action into the guidelines.

Some Suggestions for Consideration in Program Personnel Planning:

1. Each professional personnel employed in the field of language, speech, and hearing will spend much of his time without direct supervision. It is suggested that each person employed, therefore, demonstrate behaviors associated with self-supervision:

    a. Ability to seek, acquire and act upon information from professional associations, books and journals.

    b. Skill in the use and interpretation of diagnostic procedures for communicative disorders.

    c. Ability to establish realistic speech and language goals with each student and to design an individual program which will help the student to attain these goals.

    d. Knowledge of and skill in corrective procedures for communicative disorders.

    e. Ability to complete written reports and records quickly and appropriately.

    f. Ability to keep and use in the therapy setting appropriate records for each student receiving language, speech, and hearing therapy.

    g. Ability to seek and acquire the help from resources within the community.

    h. Ability to relate with parents.

    i. Skill in the use of appropriate equipment and materials.

    j. Ability to ask and answer professional questions clearly.

    k. Respect for the confidentiality of the child's problem and history.

    l. Objectivity toward one's own abilities and weaknesses.

    m. Ability to work with principals, teachers and other appropriate educational leaders in designing learning experiences which will help all students acquire effective oral communication.

    n. Ability to provide parents, teachers and administrators methods and procedures designed to assist in the prevention of communication disorders.

Supervision: The complexity of a language, speech, and hearing program requires well-prepared supervision so that the clinicians can spend their time with students. Without active, ongoing supervision by a qualified clinician the school district is apt to lose money, professional services and students will not be served.

When more than one clinician is employed by the school district, one clinician should be designated as contact clinician to receive material and information from the district, state and other agencies.

When five to nine clinicians are employed within the school district, one of the clinicians should be appointed as chairman with no less than one day a week without therapy duties to assist the development and maintenance of the school district's program for language, speech, and hearing. Secretarial assistance, a telephone, allotment of materials and space should support these activities. With ten clinicians in a school district, a full-time supervisor is required. (See Task Force Report. Language, Speech and Hearing Services In the Schools, July, 1972 and Anderson, Jean, "Supervision" of Speech and Hearing Programs In the Schools: An Emerging Role", Asha, January, 1974.)

Non-professional personnel: Any personnel employed or who is on a volunteer basis should have concise written guidelines to follow, and be supervised by the professional staff.

Also, as many of the newly employed clinicians are desirous of obtaining their clinical certification which is awarded by their professional association, The American Speech and Hearing Association, every effort should be made to assist these new clinicians in meeting these requirements. (For information, contact one of the State University Speech Pathology-Audiology departments or the Florida Department of Education.)

A clinician who meets designated qualifications set forth by the state, school district administration, exceptional student program, clinicians, and training institution may be considered for assisting in supervising student clinicians from the training institution. Care should be taken that each party of the internship in the schools knows the goals of the particular internship, the skills and knowledges of the student clinician, the grading system to be used by whom for the student clinician. Open communication between the school supervising clinician, the university supervisor and the student clinician provides for a smooth, beneficial experience for each participating member of the internship.

H. Program Evaluation Procedures

Definition: Program evaluation herein refers to those activities which judge the quality of outcome for students in respect to the expenditure of time, energies, and resources.

Rationale: Evaluation of the program directs the growth, reshaping or diminishing aspects of a program.

Some Suggestions for Consideration in Program Evaluation: Inherent in the evaluation of a language, speech and hearing program is the number of students dismissed from the program who exhibit adequate communication commensurate with norms, self-evaluation, environmental expectations, academic learning, social adjustment, and self-help skills.

Inherent in the above factor of dismissal rates of students is the question "what students were selected for admission into the program in the first place?"

Inherent in the preceding factor of "who was admitted into the program" is "who was admitting the student into the program?"

Inherent in the answer to the question, "who admitted the students into the language, speech, and hearing program?" is the main message of this particular guide: the individual language, speech, and hearing clinician.

With an ongoing quest for knowledge, with sensitivity towards students' needs, with an abundance of humor, energy and skill, the Florida language, speech, and hearing clinician in the schools will bring this guide and suggested considerations to life. Without the well-trained insightful clinician, these pages revert to paper and words best left to collect dust on the shelf.

PLANNING INSTRUCTIONAL PROGRAMS FOR THE HEARING IMPAIRED: DEAF AND HARD OF HEARING

A. Definitions

1. Deaf: One who is born with or acquires, prelinqually, a hearing loss so severe (pure tone average of 500, 1000, 2000 Hz, at 70 dB [ANSI] or more in the better ear) unaided, that he cannot learn speech and language through normal channels.

2. Hard of Hearing: One who is born with or acquires a hearing loss which may range from mild to severe (pure tone average of 500, 1000, 2000 Hz between 30 and 69 dB [ANSI] in the better ear) unaided and whose speech and language, though imperfect, are learned through normal channels.

B. Criteria for Eligibility for Special Programs

Any Child Who:

1. Is born with a hearing loss greater than 30 dB (ANSI) unaided; or,

2. Acquires, prelinqually, a hearing loss greater than 30 dB (ANSI) unaided; or,

3. Acquires, post-linqually, a hearing loss greater than 30 dB (ANSI) unaided, shall be eligible for Special Education Services.

C. Procedures for Screening, Identification, Referral, Placement and Dismissal

1. Screening

Audiometric screening shall be done at 20 dB re: ISO-1964, for all frequencies. In the event that a school district might have sound testing conditions that meet the requirements of A.S.A. standards S-3, 1960, testing is permissable at 10 dB for all frequencies. School districts shall indicate which grades are screened annually, and what provision is made for screening new pupils.

2. Identification

All students who fail to respond to one or more of the test frequencies in either the left or the right ear at the recommended screening level shall be rescheduled for a repeat screening test. Students who fail the second screening shall be referred to a qualified audiologist for threshold audiometric evaluation.

3. Referral

Students who, after threshold testing, are found to have significant hearing losses shall be referred to an otolaryngologist for medical examination and disposition. Records of medical referral shall be sent immediately to the diagnostic evaluation personnel serving the school district. Preschool children (0-5 yrs.) referred to the diagnostic evaluation per-

sonnel shall be required to have audiological and medical examination. The diagnostic evaluation personnel shall consist of a qualified teacher of the deaf, an audiologist and a psychologist (the latter two must have knowledge of techniques and materials appropriate for testing hearing impaired children).

4. Placement

Placement in a special program for hearing impaired children shall be made after staffing by the diagnostic evaluation personnel. The educational needs shall be the basis for placement in a self contained class, with a resource teacher, or, for itinerant service in language and communication skills.

5. Dismissal

Dismissal from a special program for hearing impaired children may be under the following conditions:

a. Successful completion of the program objectives.
b. Referral, after staffing, to another special education program.
c. Full time fusion into classes for hearing students.
d. Determination, after staffing, that the student is not benefiting from the program.

Criteria for successful completion of the program and for full time fusion into a "regular" class shall include:

a. Ability to communicate effectively 70% of the time.
b. Academic achievement commensurate with at least the lower 25th percentile of the class into which the student is being placed.
c. Acceptance by the regular classroom teacher.

Criteria for referral to another special education program shall include:

a. Objective evidence that hearing impairment is not the primary handicap.
b. Evidence that the learning problems associated with hearing impairment have been remediated and secondary problems have become the primary handicap.

Criteria for determining that the student is not benefiting from the program in which he is enrolled must include:

a. Speech intelligibility test scores.
b. Speech reading test scores.
c. Auditory Training test scores.
d. Academic achievement test scores - (emphasis on reading).
e. Written language test scores.
f. Manual communication (if used) test scores.

Alternative programming shall be recommended only after careful staffing by the diagnostic - evaluation team, the supervisor, the classroom teacher, the principal of the school and the regular classroom teacher (if involved).

D. Instructional Program for the [Deaf]

1. Program Objectives and Curriculum

The program objectives shall reflect the philosophy of the school district. They shall provide for alternative educational programs to meet the differential needs of hearing impaired children. The ultimate goal of programs for hearing impaired children is successful participation in the mainstream. Therefore, the program objectives must include a curriculum for hearing impaired children which contains a structured sequential development of auditory, visual, speech, and language skills. The academic subject matter of the curriculum shall be commensurate with public school standards with adaptations made to meet the needs of hearing impaired children. Where possible, state adopted textbooks should be used.

A program that includes Middle School and above should provide career education activities and prevocational opportunities.

Music, Art, and Physical Education shall be offered to the program for hearing impaired children on the same basis as provided to the regular school program.

2. Organization

A program for hearing impaired: deaf children shall provide three consecutive levels of instruction.

a. Class Size
   Preschool, Primary and Intermediate classes shall not exceed 8 pupils.
   Jr. High School self contained classes shall not exceed 10 pupils.

b. Homogeneous Grouping
   Classes shall be organized on the basis of academic achievement, age of pupils, degree of hearing impairment (deaf and hard of hearing separated), intellectual ability (EMR and TMR deaf in separate programs), and method of communication. Aural/Oral classes shall be housed apart from Manual programs.

c. Location
   The program for hearing impaired children shall be located within, on the grounds of, and adjacent to a regular elementary and/or Jr. High School. Assignment of space shall not depend upon year-by-year availability. Space should be assigned on a relatively permanent basis.

3. Student Assessment

a. Each child shall have accumulative records which contain all information pertinent to his educational progress.

b. Teachers shall evaluate each child's progress in social and emotional growth.

c. There shall be systematic evaluations of each child by teachers and supervisors to determine progress toward stated goals. Any child who is not achieving unit goals shall be reevaluated for possible adjustment of his program.

E. Facilities for the Deaf

School plant planning and construction shall consider the following needs of a program for the education of hearing impaired students:

1. Classroom size shall be based on the State Board of Education Regulations.

2. Each classroom shall be equipped with all equipment necessary in a normal classroom plus the following items necessary to a class for hearing impaired children:

   a. Acoustic treatment of: ceiling and at least ½ of each wall; a carpet; and, draperies.
   b. An overhead projector and wall screen.
   c. A cassette tape recorder.
   d. A polaroid camera for each preschool class.
   e. A record player.
   f. Auditory amplification equipment with a minimum of 8 stations. Provision shall be made in the budget for the calibration, maintenance and repair of this equipment.

3. Each program shall have at least one filmstrip projector; one movie projector; one television monitor; one audiometer; and, one reel type, high fidelity audio recorder.

4. Appropriate size tables and chairs and/or desks.

5. Closed storage space for equipment and teaching materials.

F. Transportation for the Deaf

Full transportation shall be provided to all school age hearing impaired children who live in excess of two miles from the school housing program. All preschool children should be provided full transportation.

G. Program Personnel

1. Teachers shall be certified in Hearing Disabilities; by the Council on the Education of the Deaf (CED); or, provide a plan for the completion of certification requirements.

2. A teacher aide should be provided for each preschool and primary class; and one aide per two teachers for intermediate and self contained junior high school classes.

3. Programs with three (3) classes shall designate one teacher to serve as lead teacher to coordinate the program. Three to six class programs shall employ a supervising teacher whose maximum teaching responsibility is ½ day. Programs that have 6 to 8 classes in more than one building shall

employ a full time supervisor who is a certified teacher of the deaf with a minimum of 3 years classroom experience teaching deaf children.

A supervising teacher, in programs for deaf children shall supervise no more than 12 teachers. He shall be based in the school which has the largest number of classes for the hearing impaired.

H. Program Evaluation

1. Appropriate state-wide standardized achievement tests shall be given annually. These assessment standards should be used for program accountability.

2. The process and product standards as stated in the 1971 Elementary and Secondary Accreditation Standard to evaluate the schools of Florida may be used to evaluate programs for deaf students.

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D. Instructional Program for the Hard of Hearing

1. Program Objectives and Curriculum

The instructional program for hard of hearing children shall be separate from the program for deaf students. This program shall fall into two categories: self-contained classes and supportive services.

a. Self-contained Classes

The goal of programs for hard of hearing children in self-contained classes shall be intensive remediation to prepare the students for mainstreaming. Therefore the curriculum shall emphasize auditory training, speech correction, speech reading skills, syntax and academic subject matter.

Music, Art and Physical Education shall be offered to the program for hard of hearing children on the same basis as provided to the regular school program.

b. Supportive Services

The goal of programs for children who are enrolled in regular classes but need additional support service shall be remediation of communication skills and minor assistance with syntax and academic subject matter. Therefore, the curriculum should emphasize auditory training, speech correction and speech reading using academic subject matter as the media.

2. Organization

a. Self-contained Classes
1. Class Size
Primary classes shall not exceed 8 pupils. Intermediate classes shall not exceed 10 pupils.

2. Homogeneous Grouping
   Classes shall be organized on the basis of academic achievement, age of pupils, degree of hearing loss and intellectual ability.

3. Location
   The same criteria recommended for programs for deaf students shall be used in programs for hard of hearing children.

b. Supportive Services

The program organization for support services to the hard of hearing child in the regular classroom shall be based on the criteria for programs in speech and hearing.

3. Student Assessment

a. Self-contained Classes

Assessment of student progress shall be based on the criteria recommended for the assessment of deaf students.

b. Support Services

Assessment of student progress shall be based on the criteria recommended for the assessment of students in programs in speech and hearing.

E. Facilities for the Hard of Hearing

1. Self-contained Classes

Criteria for facilities, including classrooms, furniture, equipment and storage are the same as recommended for the program for deaf children.

2. Supportive Services

Facilities for hard of hearing children enrolled in regular classes with support services should meet the criteria recommended for facilities for the speech and hearing program.

F. Transportation for the Hard of Hearing

1. Self-contained Classes

Full transportation shall be provided to all school age hard of hearing children who live in excess of two miles from the school which houses the special program. All preschool children should be provided full transportation.

2. Supportive Services

Hard of hearing children who are enrolled in regular school programs, with support services, shall be governed by the transportation criteria of the school.

G. Program Personnel

1. Teachers of self-contained classes for hard of hearing students shall be certified in Hearing Disabilities; by the Council on the Education of the Deaf (CED); or, provide a plan for the completion of certification requirements.
2. Teachers who give supportive service to hard of hearing children on an itinerant basis shall be certified in Hearing Disabilities or shall be hearing clinicians.

3. A teacher aide should be provided for each preschool and primary class, and one aide per two teachers for intermediate classes.

4. If the program is a part of the program for deaf pupils, the lead or the supervising teacher shall be the person responsible for the coordination and supervision of classes for the dear.

   However if the entire program is for hard of hearing children, supervision should follow the criteria suggested for the programs for deaf pupils.

H. Program Evaluation

1. Self-contained Classes

   The criteria for evaluation of deaf children shall apply to hard of hearing children in self-contained classes.

2. Supportive Services

   Hard of hearing children enrolled in regular classes with supportive services shall be evaluated by the criteria recommended for the speech and hearing program.

PLANNING INSTRUCTIONAL PROGRAMS FOR THE VISUALLY HANDICAPPED

A. Definition

Blind: One who after correction has no vision or has little potential for using vision as a primary channel for learning and, therefore, has to rely upon tactual and auditory senses to obtain information.

Partially sighted: One whose vision, after correction, although impaired, is yet the primary channel of learning and with considerable adjustments, is able to perform tasks required in the usual school situation.

B. Criteria for Eligibility for Special Program

1. Medical statement giving degree of disability:

   a. Blind: central vision acuity in the better eye with best possible correction is 20/200 or less, or a peripheral field contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than 20 degrees, determined by medical examination.

   b. Partially sighted: visual acuity in the better eye with best possible correction between 20/70 and 20/200 in the better eye after correction. This would include : (1) those pupils with progressive loss of vision, (2) reoccurring eye problems and (3) operable eye disease.

2. Educational assessment which indicates need for special program.

C. Procedures for Screening, Referral, Identification, Placement and Dismissal

1. Screening

   Screening programs should be organized in detail. Those children considered for placement in special education programs such as classrooms for the emotionally disturbed, specific learning disabled, educable mentally retarded, and trainable mentally retarded should have vision screened for more extensive educational assessment. Planning should include answering why, when, by whom, for whom and how the screening will be done and instruments used.

   A continued screening with emphasis at pre-school and primary level on:

   (1) observation by classroom teacher
   (2) by specialist

INSTRUMENTS USED:

Titmus Vision Tester
Snellen E Chart (lighted)
Keystone Telebinocular

2. Referral

Referrals are received by the Coordinator of Exceptional Child Education. These referrals may be initiated by:

a. Medical profession (ophthalmologist, optometrist)
b. Parents
c. Community agencies (Bureau of Blind Services, Division of Children's Medical Services, Division of Family Services)
d. School personnel (school health nurse, teachers, principals)

3. Identification

a. A medical evaluation and report is submitted to Exceptional Child Education from medical authorities (ophthalmologist/optomotrist) stating the result of examination and its findings are determined as to classification and where qualified for a program.

b. Educational assessment by teachers of the visually impaired in cooperation with school health nurse, community agencies, psychologist, classroom teacher and parents.

4. Placement

Upon receipt of ophthalmologist or optometrist, a placement decision is made as a result of consultation with the parents, medical authorities report, teacher of the visually impaired and other directly involved professional persons with the placement or staffing committee. The committee makes recommendation of placement for the purpose of determining the eligibility of all pupils for original assignment, continued enrollment and termination for special education programs.

Placement recommendations may be:

a. regular community school placement with ancillary services from itinerent teacher of the visually handicapped.
b. resource room served by specially trained teacher for visually handicapped.
c. pre-school children provided instruction in the home.

5. Dismissal

Dismissal may come about when student:

a. transfers from one program to another
b. no longer meets eligibility criteria
c. enrolls in Florida School for the Blind
d. graduates from high school

D. Instructional Program

1. Program Objective and Curriculum:

Provided with appropriate curriculum, facilities, materials and a certified teacher of the visually handicapped, the student will:

a. Academic:

(1) be able to follow the same curriculum as sighted children with the same standards
(2) be included in all classes and school activities as possible
(3) be acquainted with the community and state services available
(4) have an appropriate work-study program available

b. Attitudes:

(1) develop better intra-personal relationships through everyday association with his sighted peers.
(2) develop the ability to evaluate himself in terms of both his assets and his impairments.
(3) develop the ability to assume his full share of responsibility for his total education without excessive dependence on others.

c. Skills: Blind

(1) be able to accomplish some degree of orientation and mobility
(2) be able to read and write braille
(3) be able to touch type
(4) be able to use other instructional aids as needed

d. Skills: Partially Sighted

(1) be able to use instructional aids appropriate for his degree of handicap
(2) be able to use effectively a typewriter

Curriculum is adapted from the general education program to meet the specific needs of visually handicapped students. Curriculum remediation activities are developed according to specific needs as indicated through evaluation and teacher conferences. Mobility and orientation training, perceptual training, and communication skills are included as need indicates.

Additional apparatus such as braille-writers, tape recordings and large print materials are provided through the program for the visually handicapped. Instruction in braille writing, braille reading and writing, mobility and the development of daily living skills are included in the curriculum.

2. Organization-Classes and Program

Itinerant instruction with consultative services for pupils who are legally blind or partially sighted.

Classroom instruction for pupils who are legally blind or partially sighted.

	Minimum Daily Class Load	Maximum Daily Class Load
Primary age pupils	6	8
Intermediate age pupils	7	10
Junior High age pupils	8	12
Senior High age pupils	10	15

3. Student Assessment

Student assessment should first determine the student's developmental functioning level. Performance-based objectives which support the student in achieving is an on-going process. Assessment would be by teacher observation, teacher-made tests, parent interviews, and at the functional level, on-the-job evaluation by the teacher. A follow-up study should be done after the student leaves the program.

E. Facilities

Recommend all schools have a 200 square foot special services room for use of resource people including teacher of the visually handicapped. Such room should be well-lighted, ventilated, accoustically treated and air-conditioned if possible.

A resource room for the visually handicapped would be a standard size classroom. The equipment would consist of the special materials mentioned above with ample storage space. For the itinerant teacher there should be ample storage and desk space.

F. Transportation

Visually handicapped students may be transported by regular transportation facilities for the school system.

G. Program Personnel

Competencies - Teachers of the visually handicapped should be certified in the area for teaching the visually handicapped. Requirement for certification 6A-4.17.

Competencies for the teacher of the visually handicapped are the same as for all teachers plus a few which might be unique to be considered in employing a teacher for this special field. This might include, but not limited to, high achievement and ability, emotional stability and good personal adjustment.

Supervision - The teachers of the visually handicapped serving as itinerant teachers are usually supervised by the Coordinator of Exceptional Child Program or a designated person. The resource teacher may be under direct supervision of the school principal whereas a district having five or more teachers for the visually handicapped may have a coordinating teacher to whom each of the five or more are responsible.

Inservice training - State workshops for teachers of the visually handicapped and AEVH professional meeting held in conjunction with CEC meetings.

H. Program Evaluation

Specific objectives as specified in the accreditation standards for programs with the visually handicapped are required. There should be a periodic evaluation of student progress in meeting these objectives. There would be an overall evaluation of the program based on accreditation reports and administrative review of the program in terms of enrollment and community, school and student needs.

PLANNING INSTRUCTIONAL PROGRAMS FOR THE EMOTIONALLY DISTURBED

A. Definition

One who exhibits consistent and persistent signs of behaviors such as withdrawal, distractability, hyperactivity or hypersensitivity.

B. Criteria for Eligibility for Special Programs

Seriously emotionally disturbed students exhibit one or more of the following characteristics over a long period of time and to a marked degree:

1. An inability to learn that cannot be explained by intellectual, sensory, or health factors.

2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

3. Inappropriate types of behavior or feelings under normal circumstances.

4. A general pervasive mood of unhappiness or depression.

5. A tendency to develop physical symptoms, pains, or fears associated with personal or school problems.

More concisely, they are children who display consistent and persistent signs of an inability to adjust to regular school programming and methods.

C. Procedures for Screening, Referral, Identification, Placement and Dismissal

Since the school system is primarily concerned with learning, it inevitably runs head on into the problems of the emotionally disturbed. The great majority of emotionally disturbed are not only to be found in the school, but are likely to remain there, even while under psychiatric care. Only a small fraction of the total number of emotionally disturbed children are likely to be placed in residential treatment centers. Only the more severely disturbed will be treated by a mental health or child guidance clinic. This is not only because of the limited number of such facilities, but also because school personnel should be able to give assistance to the emotionally disturbed.

1. Screening

   In order to ensure children of appropriate educational programs, every school district is faced with the responsibility of developing an ongoing screening program. Screening for emotionally disturbed children, if it is to be accomplished effectively and efficiently requires the assistance of all the professionals with whom the child may have association (i.e., educators, mental health specialists, pediatricians, social agencies). These professionals frequently are able to add important information regarding various aspects of a child's overall functioning.

Of particular concern in the screening process is the enlistment of regular classroom teachers. The following outline may help to facilitate the screening process:

1. Define the population to be served, providing examples of specific behaviors;
2. Select an appropriate behavioral rating scale (i.e., Devereux Rating Scales, Behavior Problem Checklist); and
3. Submit this material to the classroom teachers and the school personnel involved with the request that they refer children exhibiting the defined types of behavior.

2. Referral

A referral system should be established in each school district to ensure each child an adequate diagnosis and an appropriate educational program. Nominations for the program should reflect the educational philosophy of the district, goals of the program, definition, and eligibility criteria.

Guidance counselors, specialists, community professionals, classroom teachers, principals, administrators, and parents are sources for program candidates.

3. Identification

Current research (Bower, 1960; Bullock and Brown, 1972a, 1972b, Stennett, 1966; Stone and Rowley, 1964) points out some important discrepancies between the academic and behavioral dimensions of emotionally disturbed children and that of other children. Indications are that the emotionally disturbed population (a) score lower on group intelligence tests, but approach the mean in individually administered tests; (b) score lower on reading and mathematics achievement tests as well as in classroom performance in these areas, as indicated by teachers; also these deficits increase as the child progresses in school; and (c) exhibit extreme behavioral patterns (i.e., withdrawn, aggressive, acting out). Other significant factors that have been identified include (a) home environments are not significantly different for the disturbed population; (b) normal classmates tend to assign more negative attributes to their emotionally disturbed peers, and (c) teachers' abilities in identifying emotionally disturbed tendencies in children are accurate.

Components to be included in the evaluation include the following:

1. Classroom observations in order to assess the child's interaction patterns and on-task versus disruptive/withdrawn behaviors. (Reader is referred to Exceptional Children, February, 1969, pp. 461-470, for an example of a standard observation procedure);

2. Psychological evaluation (i.e., Standford-Binet, Wechsler tests);

3. Educational assessment to determine the academic strengths and weaknesses, (i.e., Peabody Individual Achievement Test, Illinois Test of Psycholinguistic Abilities, Wide Range Achievement Test).

School personnel frequently seek information regarding instruments that are used in the screening, identification and educational assessment of the emotionally disturbed in the school-age population.

The list of instruments recommended below are those most commonly utilized by professionals in the field. The list is not all inclusive, but is a representative sample.

Behavioral Rating Scales

Behavior Problem Checklist (BPC)

Authors: Herbert Quay and Donald Peterson
(Copies may be obtained by writing the senior author at Temple University, Philadelphia, Pennsylvania)

The Behavior Problem Checklist is a three point rating scale of 55 behavior traits which occur relatively frequently in children and adolescents. The items on the checklist are easily observable and thus the BPC can be satisfactorily administered by parents and teachers. The behavioral dimensions measured include conduct disorders, personality disorders, inadequacy--immaturity, and subcultural delinquency.

Bower-Lambert Behavior Rating Scales

(A process for in-school screening of children with emotional handicaps)
Publisher: Educational Testing Service, Princeton, New Jersey
Authors: Eli Bower and Nadine Lambert
(Bower, E.M. Early identification of emotionally handicapped children in school, Springfield, Illinois: Charles Thomas, Publisher, 1960)

The Bower-Lambert screening battery utilizes three reference points in identifying emotionally disturbed children. These reference points are: (1) teacher ratings, (2) peer ratings, and (3) self rating. Subsections include:

a. Behavior Rating of Pupils (Teacher-rating---grades K-12)
b. The Class Pictures (Peer-rating---grades K-3)
c. A Picture Game (Self-rating---grades K-3)
d. A Class Play (Peer-rating---grades 3-7)
e. Thinking About Yourself (Self-rating---grades 3-7)
f. Student Survey (Peer-rating---grades 7-12)
g. A Self Test (Self-rating---grades 7-12)

Devereux Behavior Rating Scales

Publisher: The Devereux Foundation, Devon, Pennsylvania
There are three scales, two for use with elementary school age children and one for adolescents. Each rating scale provides a profile of overt behaviors that experiences teachers have judged as being related to classroom achievement. The rating scales may be used as (1) a means of identifying and measuring those classroom behaviors that may be interfering with achievement,

(2) one element in a total educational diagnosis of a child with a learning problem, (3) an ongoing school record of classroom behavior adjustment, (4) a measure of change in behavior through time as a function of any remedial program, (5) a standard form of communication from the teacher to school administrators or other professionals who might be involved with a child.

A. Devereux Child Behavior Rating Scale. Authors: G. Spivack and J. Spotts.

B. Devereux Elementary School Behavior Rating Scale. Authors: G. Spivack and M. Swift.

C. Devereux Adolescent Behavior Rating Scale. Authors: G. Spivack, P.E. Haimes, and J. Spotts.

Ottawa School Behavior Checklist (OSBCL)

Publisher: Pimm Consultants, Limited
85 Sparks Street
Suite 211
Ottawa 4, Ontario, Canada
Authors: J.B. Pimm and G. McClure

The OSNCL is an instrument for the initial screening of school populations with behavior problem children. It was designed for boys and girls ages six to twelve in grades on through six.

Psycho-Educational Assessment

Bender Visual Motor Gestalt Test (BVMG)

Publisher: Western Psychological Services
Box 778, Beverly Hills, California
Author: Lauretta Bender

The BVMG provides an indication of the maturational level of subjects based upon the visual motor gestalt functioning.

Durrell Analysis of Reading Difficulty (DARD)

Publisher: Harvourt, Brace, and World, Inc.
757 Third Avenue
New York, New York

The DARD is a comprehensive test of reading ability. The subtests include oral and silent reading, listening comprehension, word recognition, visual memory of word forms, auditory analysis, spelling, and handwriting. The test is designed to provide assistance in assessing weaknesses and faulty habits in reading.

Illinois Test of Psycholinguistic Abilities (ITPA)

Publisher: University of Illinois Press
Urbana, Illinois
Authors: Samuel Kirk, James McCarthy, and Winifred Kirk

The ITPA is designed for use with subjects with chronological ages of two and one-half to ten years of age, although the test may be used profitably with older subjects with possible learning deficits. It is designed as an individually administered diagnostic instrument to assess function in twelve areas: auditory reception, visual reception, visual memory, auditory association, auditory memory, visual association, visual closure, verbal expression, grammatic closure, manual expression, auditory closure, and sound blending.

Mills Learning Methods Test (MMLT)

Publisher: Mills Center
1512 E. Broward Blvd.
Ft. Lauderdale, Florida

The MMLT is designed to aid in determining a subject's ability to learn new words under different teaching methods...visual, phonic, kinesthetic, and combination of the methods. The test accounts for both immediate and delayed recall.

Peabody Individual Achievement Test PIAT)

Publisher: American Guidance Service
Publishers Building
Circle Pines, Minnesota 55014

The PIAT is designed to measure the level of achievement in the basic school subjects: mathematics, reading recognition, spelling, reading comprehension, and general information. The achievement tests are designed for individuals in grades K-12.

Wide Range Achievement Test (WRAT)

Publisher: Psychological Corporation
304 E. 45th Street
New York, New York

The WRAT is designed to measure the level of achievement in the basic school subjects: reading, spelling and arithmetic. The achievement tests are designed for individuals in grades K-College

Peabody Picture Vocabulary Test

Publisher: American Guidance Service, Inc.
Publishers Building
Circle Pines, Minnesota 55014
Author: Lloyd Dunn

The PPVT is designed to provide an estimate of a subject's verbal intelligence through measuring his receptive vocabulary. It is quick to administer and may be administered by any competent teacher. It yields both a mental age score and a verbal IQ.

Psychoeducational Inventory of Basic Learning Abilities (PIBLA)

Publisher: Fearon Publishers
2165 Park Boulevard
Palo Alto, California 94306
Author: Robert E. Valett

The PIBLA is individually administered inventory of learning abilities designed to provide assistance in defining areas of strength and weakness in elementary and junior high school age subjects. The areas of assessment include gross-motor development, sensory-motor integration, perceptual-motor skills, language development, conceptual skills, and social skills.

Slosson Intelligence Test (SIT)

Publisher: Slosson Educational Publication
140 Pine Street
East Aurora, New York
Author: Robert Slosson

The SIT is designed to provide an estimate of intellectual functioning and yields a mental age and IQ score. It is a quick test to administer and may be administered by any competent teacher. It should be used for screening purposes only.

Stanford-Binet Intelligence Scale (revised)

Publisher: Houghton-Mifflin Co.
2 Park Street
Boston, Massachusetts
Author: Lewis M. Terman and Maud A. Merrill

The Stanford-Binet is designed to be administered on an individual basis to subjects with chronological ages of two to adulthood. It is a measure of general intelligence and yields both a mental age score and a global IQ.

Wechsler Tests of Intelligence

Publisher: Psychological Corporation
304 E. 45th Street
New York, New York
Author: David Wechsler

The three Wechsler Tests are designed to assess intellectual functioning and provide, in addition to a Full Scale of global IQ, Verbal IQ, and a Performance IO. They are to be administered on an individual basis.

A. Wechsler Preschool and Primary Scale of Intelligence (WPPSI)
Designed for use with subjects between the ages of 4-0 and 6-6
B. Wechsler Intelligence Scale for Children (WISC)
Designed for use with subjects between the ages of 5-0 to 15.
C. Wechsler Adult Intelligence Scale (WAIS)
Designed for use with subjects age 15 and above.

4. Placement

All the available data (referral, screening, identification) relevant to making recommendations for educational programming should be gathered and presented to the staffing committee. The purpose of staffing is to ensure the appropriate educational program for the child. Therefore concerned professionals who have pertinent information relevant to the child should be included in the staffing to study and evaluate all available data. Among those who should be included are the referring teacher, referring principal, psychologist, school social worker, receiving teacher, receiving principal and a representative from the Exceptional Child Education Department who chairs the staffing committee.

5. Dismissal

Observable progress in modifying or eliminating the entering behaviors is the major indicator of readiness to return to regular class programming as determined by the staffing committee.

D. Instructional Program

1. Program Objectives and Curriculum

The main objective of a program for the emotionally disturbed does not rest soley with the special program placement for the emotionally disturbed child, but rather with the concern for helping the student overcome his difficulty so that he can function full time in the regular school program. It may be that the disturbed child is placed in a special setting for only a portion of the school day, or he may be there for the entire day. Regardless of the program design, EMOTIONAL DISTURBANCE IS NEVER A PERMANENT LABEL AND THE BASIC GOAL MUST BE THE RETURN OF THE CHILD TO THE MAINSTREAM OF PUBLIC SCHOOL LIFE.

There are varying degrees and different forms of stress-mental, emotional, physical--all having some impact, either good or harmful, upon individual health. The thing that is important is not the stress itself, but its effects on the nonadaptive child. One of the important goals of the schools' program is that of helping the child adapt himself to situations which produce stress in such a way as to become less vulnerable to emotional stress. Adaptability to emotional stress can sometimes be obtained through providing for a balance of work with play, provisions for "working off" tensions, "talking out" problems, providing ways by which stress can work for rather ran against the individual, experiencing personal success, developing feelings of self-confidence and an acceptance of one's physical and emotional limitations. In other words, the curriculum will be set up on the basis of the child's nature and his needs. This may require a modified curriculum structured to fit the child's individual requirements.

No special program for the emotionally disturbed can be initiated and operated effectively without certain resources and key personnel. Likewise, a state of readiness within the school system should be established before a program should be started. Each school system should thoroughly examine and evaluate possible alternatives, considering their potentialities and limitations prior to establishing special programs for emo-

tionally disturbed children. The following should exist before the establishment of a program for the emotionally disturbed:

a. A liaison with a mental health clinic where available.
b. An awareness of support services available and how to secure such services.
c. Availability of trained teacher or teachers of the emotionally disturbed.
d. Availability of psychiatric and psychological consultative services
e. Complete knowledge and acceptance of the program, particularly in the school or schools where located.

The school system must be willing to undergo various changes. This may mean changes in attitudes, ideas and opinions of both teachers and students. It may involve all the ramifications of creating a favorable climate within the school system.

Whether or not a program is actually formulated will depend upon the number of children appropriately identified as well as the nature and extent of the facilities, personnel and services available. After the program is established, it should continue to develop and expand to provide a continuum of educational programming for emotionally disturbed children.

Emphasis should be on highly structured, highly motivational, task-oriented approach to learning. The major portion of the curriculum should correlate to the curriculum that the child will use when he returns to a full-time regular class. These are the same basic skills and concepts but may be different books and materials than those found in the regular school.

2. Organization

Educational provisions for the emotionally disturbed vary widely according to the need and size of the community and the resources available. Typically, services might include regular classroom with consultation, regular classroom with itinerant teacher, regular classroom with resource room, special class, special day school, residential school, and hospitalization with school, depending upon the severity of the problem.

Self-Contained Special Class: The special class for the emotionally disturbed is a situation in which the child spends all or a major portion of the school day separated from his normal peers. The class may be in a regular elementary school or in a special school or day center. It must be understood that children being served in special classes should be phased back into the regular school program for activities and academic and instruction as the child is able to function acceptably.

It is critical that the goal for the child be kept in mind, that being, to return the child to the educational mainstream as soon as possible. As a guideline, it is suggested that if a child is not making considerable gains within a two year period, consideration should be given to whether this type of program is in the child's best interest or if some other program should be utilized. It is recommended that a full-time teacher aide as well as a full-time teacher be considered a necessity in a self-contained classroom.

Resource Room: Resource rooms allow the child to remain part-time in the regular classroom and to be scheduled for special assistance, academically or socially, in the resource room. An essential aspect of this program is that the resource room teacher works closely with the regular classroom teacher in planning and implementing appropriate learning experiences for the child. Time spent in the resource room each day or each week may vary depending upon the individual needs of the child.

Itinerant Teacher: The itinerant model allows the child to remain part-time in the regular classroom and to receive special instruction from an itinerant teacher.

Diagnostic-Prescriptologist: The diagnostic-prescriptologist model focuses upon the (a) identification of problem area and prescriptive planning for individual children, and (b) assistance to regular classroom teachers in implementing curricular and behavioral changes. The diagnostic-prescriptologist, to be effective, must have a strong curriculum base, skills in programming and management of behavior as well as in consultation. Other models generally serve children directly, either individually or in small groups, whereas an important aspect of this type of program is the inherent provision of the on-the-job training for the regular classroom teacher. By utilizing consultative services in planning and following through with educational prescriptions for emotionally disturbed children, the regular teacher is able to develop skills in working with these children.

Special Considerations: An important consideration in determining the program model(s) which will be implemented is the number, age and severity of the population to be served and the geographical location of those needing services. In school districts with large pupil populations, a variety of models may be used in order to provide appropriate services for children with wide ranges of age and degree of disturbance.

Provisions must be made, regardless of the type of program design, for the child's transition from level to level within the program and from the special program to the regular classroom. It is imperative that this transition be as smooth as possible in order to reduce trauma for the child which may be associated with change. This transition may be accomplished by slowly decreasing the time spent by the child in the special program and increasing the time spent in the regular classroom, or by having a person who is familiar to the child (i.e., social worker, itinerant teacher, counselor, or classroom aide) work individually with him through the transitional period.

3. Student Assessment

Once a student is accepted into a program there should be a periodic diagnosis of the student in terms of capability, performance, and motivation. The results, of course, would have a bearing upon lessons and program evaluations.

Examples of diagnostic and assessment techniques are:

a. Individualized conference, counseling, and tutoring;
b. Group counseling;
c. Rap sessions, peer counseling, magic circle and boundary breaking;

d. Psychological tests, examinations and inventories;
e. Sociograms;
f. Systematic reporting for students, parents, and school personnel.

E. Facilities

1. Special Class

a. should be housed on the ground floor.
b. should be housed in an area of the building with low noise level.
c. should be near exits.
d. should have or be in close proximity to toilets and lavatory facilities.
e. should have sinks and running water.
f. should have a minimum of eight electrical outlets, with covers.
g. should have enclosed storage space equivalent to 6-8 square feet per child.
h. should have a time-out facility, approximately 4 x 6 feet, with an outside lock on the door, small one-way glass for teacher to see in, sides should extend all the way to the floor.
i. minimal dimensions should approximate that of a regular classroom (75-120 square feet per child is recommended).
j. nylon carpeting.
k. adequate lighting.
l. adequate ventilation.

2. Resource Room

a. should be housed in a central location within the facility.
b. should have adequate acoustical treatment.
c. should have or be in close proximity to toilets and lavatory facilities.
d. should have sinks and running water.
e. should have a minimum of four electrical outlets.
f. should have enclosed storage space equivalent to 6-8 square feet per child.
g. minimal dimensions should approximate 500 square feet.
h. nylon carpeting.
i. adequate lighting.
j. adequate ventilation.

3. Itinerant Teacher and Diagnostic-Prescriptologist Plans

a. Each school served should provide a small room, approximately 150 square feet in size, equipped as recommended below.
   1. storage cabinet which can be locked
   2. chalkboard
   3. sectional student tables
   4. bulletin board
b. The teacher should be provided an office space in a centrally located building, and equipped as recommended below.
   1. teacher desk and chair
   2. typewriter

3. file cabinet which can be locked
4. storage cabinet which can be locked

c. If space is not available, consideration may be given to providing a mobile unit from which the itinerant teacher can operate.

4. Guidelines for Equipping the Special Class and Resource Room

a. Mirror, nonbreakable, full length
b. Clock
c. Bulletin Boards
d. Chalkboards
e. Black-out shades
f. Screens for visual aids, roll up type
g. Intercommunication telephones, a complete two-way telephone whereby calls may be initiated to a master control unit.
h. Pencil sharpener
i. Carrels (individual work stations). Consider the specifications below.
   1. approximately 4 x 4 feet in size
   2. not more than two carrels fastened together and these should be designed for pupils to face each other rather than side to side
   3. partitions should extend all the way to the floor and high enough that pupils cannot see over them
   4. individual lighting
   5. electrical outlets
   6. small chalkboard
   7. small bulletin board
   8. shelf and/or drawer
j. Round and rectangular work tables
k. Utility table for science experiments
l. Utility cart
m. Assorted Audio-visual equipment
   1. audio-tape recorder (standard and cassette)
   2. standard movie projector
   3. film strip projector
   4. overhead projector
   5. carousel projector
   6. listening center
   7. phonograph
   8. language master
n. Typewriter
o. Work bench
p. Portable screens
q. Easels for painting, drawing, displaying
r. Wastebasket
s. Teacher desk and chair
t. Paper cutter
u. Book ends
v. Book shelves
w. File cabinet, metal
x. Storage cabinet
y. Stapler

F. Transportation

It should be remembered that emotionally disturbed children have low tolerance thresholds therefore, prolonged travel may "set the child up" for an emotional crisis. Transportation becomes an important consideration in planning the type of program to be provided as well as the location of the educational facility in which the program is to be housed.

Travel monies should be provided for itinerant teachers of emotionally disturbed children.

G. Program Personnel

The statements below are presented as guidelines to assist in the selection and placement of teachers to work with the emotionally disturbed. The teacher of the emotionally disturbed should:

1. Have a knowledge of behavioral and academic characteristics of emotionally disturbed children.

2. Have a knowledge of educational strategies utilized with disturbed children, the theoretical rationale underlying the various strategies and be able to describe and defend a personal orientation.

3. Have a knowledge of realistic alternatives in the management of disturbing behavior.

4. Have a knowledge of how to individualize instruction within a group setting.

5. Have a knowledge of materials and approaches to be utilized in teaching reading, arithmetic, social skills, vocations and other school subjects.

6. Have a knowledge of behavioral and academic assessment instruments and how these instruments may be utilized in educational planning.

7. Have a knowledge of general policies regarding referral and placement procedures for emotionally disturbed children.

8. Have a knowledge of ancillary services which teachers of the emotionally disturbed may utilize in order to assist children.

9. Have a knowledge of public relations procedures in soliciting assistance and support from various service organizations and/or clubs.

10. Have a knowledge of state and federal laws which govern provisions for emotionally disturbed children.

Designing effective inservice programs calls for considerable creative planning, yet this is a crucial dimension of developing and improving programs. Inservice education designed for professional growth will make significant contributions to all those involved in the education process.

H. Program Evaluation

Evaluation procedures may include written assessments by staff, children, and agencies relating to program effectiveness; tabulations of children enrolled and withdrawn to regular class programs; indications of greatly modified behavior as versus behavior noted upon admission, and improved scores on standardized achievement tests and self-concept scales.

PLANNING INSTRUCTIONAL PROGRAMS FOR SPECIFIC LEARNING DISABILITIES

A. Definition

In January 1968, the National Advisory Committee on Handicapped Children met and formulated the following definition which has been adopted by the Florida State Department of Education:

> Specific learning disabilities: a disorder in one or more of the basic psychological processes involved in understanding or in spoken and written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicap, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to an environmental disadvantage.

This definition, as stated, can be interpreted in many ways. This has led to confusion on the part of supervisors, psychologists, and teachers. Research has failed to give any clear cut results due to the heterogeneity of the groups called learning disabled. Prevalence rates have varied from 1% to 15% of the general population due to the absence of clearly defined criteria. In order to rectify these problems, an operational definition is needed. Each district must specify the criteria which will be used to identify the child with a specific learning disability. These criteria must be consistent with the district definition. The following has been adopted by the Florida Child Service Demonstration Program for the Learning Disabled Child, an EHA Title VI-G grant to the Department of Education.

B. Criteria of Eligibility for Special Program

A student must meet all criteria in order to be identified as having a specific learning disability.

1. A score of not less than -2 standard deviations on the Stanford-Binet, WISC, or WPPSI.

2. An examination which confirms normal visual and auditory acuity, and no evidence of a primary physical handicap.

3. Based on a student's Expectancy Age (E.A.), a score in the lower 10th percentile in one or more of the following academic areas, as measured by a standardized test.
   a. Reading
   b. Writing
   c. Arithmetic
   d. Spelling
   e. Prerequisite skills

4. No evidence of a severe emotional disturbance as based on test data or the clinical judgement of a qualified psychologist.

5. Based on a student's Expectancy Age (E.A.) a score of less than -2 standard deviations on standardized tests which measure the following basic psychological processes. A deficit in one area is sufficient however, when a score of from -2 to -2.5 standard deviations occur another test must be used to confirm the deficit:

   a. Visual Processing
      1. Perception (discrimination and closure)
      2. Memory
      3. Association
   b. Auditory Processing
      1. Perception (discrimination and closure)
      2. Memory
      3. Association
   *c. Haptic Processing
      1. Tactile
      2. Kenesthetic
   d. Language (any meaningful communication)
      1. Receptive
      2. Expressive
   e. Sensory Integration
      1. Visual-motor
      2. Visual-auditory (vocal)
      3. Auditory-motor
      4. Auditory-visual

   Expectancy Age: $EA = \frac{2\ MA + CA}{3}$

   These criteria will allow for the identification of children with specific learning disabilities. Thus the children served will represent a more homogeneous group than has hertofore been identified. It is this child, with severe problems, who needs special instruction. The child with a specific learning disability is not just having "problems in school" but is the child who is retarded in his functioning in a basic psychological process, while being average or above average in most areas.

C. Procedures for Screenining, Referral, Identification, Placement and Dismissal

1. Screening

   Accurate and comprehensive screening is costly and time consuming, however, a screening program which correctly identifies the children who meet criteria for placement while eliminating the majority who will not is most necessary. In the long run, time and money will be saved. If we look at the operational definition, it has built in procedure, e.g., if standardized test of academic achievement are administered, county-wide, then only those children who have scored in the lower 10% ile, based on their expectancy age, are eligible for placement. We have thus screened out a large portion of the population and can then continue diagnosis for those remaining. We will, in this way, identify all children with specific learning disabilities, rather than only those referred by teachers. We

*criteria referenced test may be used

must identify those children who are well-behaved as well as those who are mis-behaved.

Classroom behavior is not a reliable correlate of a specific learning disability.

2. Referral

A standard referral system should be established in each school district. Referral may be made by the parent, physician, community agencies, school personnel, or as a result of the district's systematic screening procedures. Referrals should then be routed to the appropriate person or committee for further action. If the child is to be tested then notice should be given to the child's parents along with a statement of their right of due process.

3. Identification

With an operational definition based on specific criteria, most of the difficulty in identification is eliminated. We now can empirically determine whether or not a child has a specific learning disability as defined. The bias and variability of individual psychologists is reduced and we begin to objectively identify a more homogeneous population. It is imperative, of course, that the operational definition identify that population which is in need of special education. If children are excluded who need special education or if children are included who do not, then the operational definition must be amended.

The use of an operational definition will also allow districts to identify empirically the prevalence of children with a specific learning disability. No longer is a "quesstimate" necessary. Reliable figures can thus be given when projecting programs for these children.

4. Placement

The job of the Placement Committee will be to determine the degree of remedication and the program which will best serve the child's needs. Membership of the committee should include the psychologist, regular teacher, specific learning disability teacher, and district exceptional child administrator. The recommendations of the committee should then be made available to the parent before final placement is determined. Responsibility for placement is with the district exceptional child administrator.

5. Dismissal

Two questions must be answered before dismissal can be considered; 1)why is the child being dismissed? 2) how will he be served? It is not sufficient to say that the child is not making progress and will therefore be returned to regular class. If progress is not being made, it is the duty of the school system to find a program which will help.

D. Instructional Programs

1. Program Objectives and Curriculum

In this area we must separate the program into elementary and secondary as each will have different objectives and curriculum.

a. Elementary: the primary objectives at the elementary level are:
1) the alleviation of the child's specific learning disability; and
2) successful integration of the child into the regular education program.

As such, the curriculum must be individualized and focus on strengthening the child's process deficit and his academic weaknesses. These two areas should be dealt with concurrently as research has indicated that work on process deficit in isolation remediates much slower than a program which incorporates academic work utilizing the child's process deficit. It is important to note that while emphasis is on strengthening the child's deficits we must also consider maintaining his assets and strengths. The elementary program however should have as its primary objective, deficit remediation, not strength utilization.

b. Secondary: For a student who has attended a primary SLD class without successful remediation, the emphasis of the program will be reversed and the primary objective will be to utilize his strengths in the acquisition of knowledge. If a child's deficit in the area of visual processing has not been remediated and he consequently has poor reading skills, then the curriculum should be geared toward a bookless curriculum, which will allow him to achieve and acquire knowledge to his optimal level.

Programs should also begin to include vocational curriculum if the prognosis is that the child will not continue his formal education beyond the high school level.

Close coordination is needed with regular class programs in order to strengthen subject areas or to help the regular classroom teachers individualize their program for this child.

2. Organization

The full range of administrative models are available to the child with a SLD. These are as follows:

a. special class in a clinic setting;
b. special class in a separate exceptional child school;
c. special class in a regular school;
d. resource room in a regular school;
e. itinerant teachers in a regular school;
f. consulting teacher serving SLD through the regular teacher.

Thus a variety of roles are available to a teacher, e.g. a teacher can schedule children into her room for the amount of instruction deemed necessary from 1 hour per week to 25 hours per week.

3. Student Assessment

The purpose of evaluation in the area of instruction is to determine whether or not the prescriptive program being used by the teacher is remediating the disability of the student. This information should be of use to the teacher as she continually searches for methods which will match the cognitive style of the learner with the cognitive demands of the instructional task. Thus it can be seen that the typical pre-post-test procedure is useless as an evaluation tool. Continuous measurement techniques should be employed.

E. Facilities

In terms of classroom size, we must consider two variables, level and type of class. The following are desirable, as based on State Regulations (6A-9.66):

	Primary	Intermediate	Secondary
Resource or Itinerant	35 - 55 sq. ft. per pupil	35 - 55	25 - 45
	Based on average load, should be no less that 75 square feet		No less than 225 sq. ft.
Self-contained	35 - 55	35 - 55	25 - 45
	Based on average load, should be no less than 715 square feet		No less than 585 sq. ft.

The classroom size is only one consideration when we discuss facilities for the child with a specific learning disability. The following guidelines should be considered in planning for the facility:

1. Flow of traffic: The resource room should be placed in a central location in order to facilitate passage from the regular classroom to the special education classroom. Care must also be taken to assure non-interference with library or cafeteria traffic.

2. Relationship to other facilities: The room should be placed in an area with a minimum number of distractions, since one of the characteristics of children with specific learning disabilities is distractibility. This consideration has often led to classrooms being placed at the perimeter of the school facility and this is acceptable providing the other guidelines have been taken into account.

3. Acoustics: Should be of high quality due to activities which may take place within the classroom. This factor is especially important in terms of children with auditory discrimination or perception deficits. Any extraneous noise, whether from within the class or from outside will hinder remediation.

4. Ventilation: Good ventilation or climate control is even more important in the specific learning disabilities classroom than in the regular classroom again due to the high degree of distractibility displayed by the child with a specific learning disability. Any discomfort will seriously hinder the effects of remediation which must of necessity be intense.

5. Equipment and Storage: Due to the multisensory demands of children with specific learning disabilities, extra storage space is imperative. The teacher must make use of a variety of equipment such as language master, slide and movie projectors, screen, tape or cassette recorders, overhead projectors, etc. In planning the facility, space should be available either in terms of storage or in terms of extra classroom size.

6. Electrical Outlets: Again due to the multisensory demands, a number of outlets should be provided so that various items of equipment can be operated simultaneously.

7. Other considerations: The location of the classroom should provide for easy access in case of inclement weather. Where portables are used, covered walkways should be provided.

With all exceptional children, but especially with the specific learning disabled child, the facility should be an intregral part of the total school environment. The specific learning disability teacher must consult with the regular class teacher in order to facilitate coordination of the child's educational program and his eventual full time participation in the regular class program.

It is not enough to consider any single factor when planning facilities for the specific learning disabilities classroom. All are important and must be taken into account. The child with a specific learning disability has a handicap which is remediable if given optimal education opportunities. Appropriate facilities are not just icing on the cake but an important ingredient in returning this child to the "mainstream".

F. Transportation

When a program is housed in a school, transportation for the student with a specific learning disability is governed by the same regulations as for non-handicapped children.

G. Program Personnel

1. Teacher Qualifications: Oftentimes the success or failure of a program is a direct result of the personnel involved. This is especially true of programs for exceptional students. If we carry this reasoning a step further we arrive at the conclusion that the teacher is the key person in any program. The closer you get to the child the more likely you are to get to his problem. Thus teacher selection is extremely important and should not be taken lightly.

   Due to the relative newness of the field of learning disabilities there is, at present, a lack of teachers with certification in this area. This will make it difficult to find certified teachers to fill the new positions.

As an aid in choosing teachers for learning disabilities classrooms, when a certified learning disabilities teacher is unavailable, the following characteristics are offered as guidelines in selection:

a. Certification in another area of exceptionality: This person should be aware of some of the problems involved in teaching the exceptional child and should also have some knowledge of methods of teaching the learning disabled child.
b. Personality: The learning disabilities teacher must be able to communicate with the regular classroom teacher. An important part of her role is coordinating programs to insure continuity between the learning disabilities curriculum and that of the regular class.
c. Organizational abilities: To coordinate the learning disabilities teacher must be able to structure with a high degree of competency. She must be able to set up objectives, implement remediation, evaluate results while concurrently designing strategies which will carry over into the regular classroom. Without the ability to structure, the task becomes overwhelming.
d. Knowledge of behavioral techniques: The learning disabilities teacher must be an observer of behavior in order to correctly identify the behaviors which are relevant to the child's problem. She must be aware of the immediate environmental correlates which may be inhibiting the child's ability to learn and she must be able to ascertain the behaviors necessary for success in the child's regular classroom.
e. Diagnostic skills: The learning disabilities teacher should have a workable knowledge of the testing instruments used in the district to diagnose learning disabilities and the ability to apply test results to remediation strategies. She must also be able to evaluate the results of her remediation in terms of the child's disability.

The above list constitutes what are felt to be the most important skills necessary for a teacher of learning disabled children. Some are peculiar to this area and are not required of teachers in other areas while some are characteristic of any good teacher. To list more would be an exercise in reproduction as many lists of teacher characteristics are available.

2. Support Personnel: Support personnel are especially necessary to a learning disability program where a teacher and child may benefit from information obtained from various other disciplines. The following is a list of those people whose support may provide relevent input to a good learning disabilities program.

   a. Speech Therapist: consultation with a speech clinician or therapist is often necessary since problems in speech are often concomittant with or a primary factor in the child's learning disability.
   b. School Psychologist: is usually responsible for testing and diagnosis. When available the school psychologist will also translate test information into educationally relevant suggestions to aid the teacher in program planning for the child.
   c. School health personnel or outside medical personnel: oftentimes a child referred as having a possible learning disability will be found to have physiological causes for his learning problems which can be solved medically. For example, a child who seems to have receptive problems may have a mild hearing loss which can be compensated for by

situating him in the front of the class. In severe cases a medical report can also be relevant to the teacher in terms of educational planning although such reports seldom are.

d. Principal: as the administrator who is closest to the teacher and the children the principal is the person with the best information on which to base administrative decisions concerning the learning disabilities program in his school. He must therefore familiarize himself with its goals and philosophy. The success or failure of the program is often directly related to the involvement of the principal, not so much in terms of time as in terms of commitment. Coordination between the learning disabilities teacher and the regular classroom teachers must be facilitated. The learning disabilities program must become a vital and integral part of the overall school program and not an isolated unit.

e. Others: Within the school other key personnel who should be concerned with the learning disabilities program are; the guidance counselor, the remedial reading teacher, and of course the regular classroom teacher. This does not mean a one-sided support. In any vital program as much is offered to others as is received.

3. Supervision: The present situation in Florida is such that in many districts, administrative personnel must handle a number of unrelated tasks, such as coordinator of transportation, textbooks, and exceptional child education. This has resulted in many district coordinators directing a program for which they have little training. With the mandate to serve all exceptional students, an administrator of exceptional child education is a necessity. Where this is not possible, consideration should be given to a multi-district director of exceptional child programs. (see Chapter II-G)

4. In-service: It is probable that the demand for learning disabilities teachers will far outweight the number of certified teachers for a number of years. It is imperative that teachers who are out-of-field be given in-service training in methods of teaching the learning disabled child. This training should occur during the pre-planning period or as soon as possible after school begins. These considerations should be taken into account in planning the total in-service program.

H. Program Evaluation

Before an evaluation design is formulated, it is important that the following points be taken into consideration.

1. The question must be asked, who is the evaluation for and what do they want to know? Are your purposes to meet State requirements, to evaluate instructional programs for future planning, to determine teacher effectiveness, etc.? Each question will dictate a different evaluative design.

2. Distinquish "goals" from "objectives". Though the distinction between these terms is more one of degree than of kind, goals are generally considered to be long range, idealized outcomes which give a program direction while objectives are more immediate targets to be met within the school year.

3. Decide whether evaluation questions can be determined by "formative" or "summative" techniques. The distinction between these is simply that "formative" state what is to be done (can be evaluated by check-list) and "summative" assess the effects of these activities. If the summative technique is used, criteria should be established which will be used to make judgements concerning the data.

4. Determine the tools and personnel necessary to implement the evaluation procedure.

5. Establish a procedure for data collection and establish responsibilities.

Evaluation should satisfy the needs of the district and the personnel involved in the programs for the learning disabled child.

PLANNING INSTRUCTIONAL PROGRAMS FOR THE SOCIALLY MALADJUSTED

A. Definition

One who continuously exhibits behaviors that do not meet minimum social standards of conduct required in the regular schools and classrooms; whose behaviors are in definance of school personnel, disrupts the school program and is antagonistic to other students and to the purpose of the school.

B. Criteria for Eligibility for Special Program

In order for a student to be eligible for a program for the socially maladjusted, the student may exhibit all or a combination of the following characteristics:

1. Be a secondary age student;
2. Be a potential school dropout, unmotivated, disinterested, or divergent individual;
3. May exhibit behavior which persistently interferes with his or her own learning or the education process of others and which requires attention and help beyond that which the regular instructional program can provide without assistance;
4. May exhibit a definite learning problem;
5. May be achieving one or more grades below his or her achievement level; and

C. Procedures for Screening, Referral, Identification, Placement and Dismissal

1. Screening

   In order to ensure children of appropriate educational programs, every school district is faced with the responsibility of developing an ongoing screening program. Screening for socially maladjusted children, if it is to be accomplished effectively and efficiently requires the assistance of all the professionals with whom the child may have association.

   The following outline may help to facilitate the screening process:

   a. Define the population to be served, providing examples of specific behaviors; and
   b. Select appropriate screening instruments.

2. Referral

   A referral system should be established in each school district to ensure each child an adequate diagnosis and an appropriate educational program. Nominations for the program should reflect the educational philosophy of the district, goals of the program, definition, and eligibility criteria.

Guidance counselors, specialists, community professionals, classroom teachers, principals, administrators, and parents are sources for program candidates.

3. Identification

Identification of students must be a process that reflects the goals, objectives, organization and instructional design of the program.

After screening, a case study should be prepared to provide information from the following areas: academic history, intelligence quotient, social-emotional adjustment.

In the field of delinquency, agreed-upon "facts" are few indeed. Perhaps one of these "facts" is that delinquents are not all alike -- that they are different from each other in the reasons for their delinquency, in the expression of their delinquency, and in their capacity for change toward non-delinquent patterns.

Many past and current attempts at classification have been made. These typologies have been justified in terms of (1) an aid in understanding delinquency, (2) an aid in conceptualizing for research investigation, and (3) an aid in treatment programming and case management for the administrator and practitioner.

It is particularly with the last of these -- the treatment-control planning-- in mind that the "Interpersonal Maturity Level Classification: Juvenile" scheme has been developed. This typology is an elaboration of the Sullivan, Grant and Grant Levels of Interpersonal Maturity, a theoretical formulation describing a sequence of personality integrations in normal childhood development. This classification system focuses upon the ways in which the delinquent is able to see himself and the world, especially in terms of emotions and motivations; i.e., his ability to understand what is happening between himself and others as well as between others.

The "Interpersonal Maturity Level Classification: Juvenile" subdivided the three major types into nine delinquent subtypes, as follows:

Code	Name	Delinquent Subtype
I	Aa	Unsocialized, Aggressive
2	Ap	Unsocialized, Passive
I	Cfm	Conformist, Immature
3	Cfc	Conformist, Cultural
	Mp	Manipulator
I	Na	Neurotic, Acting-out
4	Nx	Neurotic, Anxious
	Ci	Cultural Identifier
	Se	Situational Emotional Reaction

Whereas the Maturity Level classification represented a categorization of the individual's level of perceptual differentiation, the subtype represents a categorization of the individual's response to his view of the world.

These nine subtypes are described by lists of item definitions which characterized the manner in which each group perceived the world, responded to the world, and were perceived by others.

Other examples of identification materials are the Jesness Inventory and the K.D. Proneness Checklist.

4. Placement

All the available data (referral, screening, identification) relevant to making recommendations for educational programming should be gathered and presented to the staffing committee. The purpose of staffing is to ensure the appropriate educational program for the child. Therefore, concerned persons who have pertinent information relevant to the child should be included in the staffing to study and evaluate all available data. Among those who should be included are: the referring teacher, referring principal, psychologist, school social worker, receiving teacher, receiving principal, community agency personnel, parents and a representative from the Exceptional Child Education Department who chairs the staffing committee.

5. Dismissal

Observable progress in modifying or eliminating the restricting behaviors is the major indicator of readiness to return to regular class programming as determined by the staffing committee.

D. Instructional Program

1. Program Objectives, Curriculum, and Organization

An exceptional child program which offers one method for all identified children is as suspect as the regular program that demands all children learn from the same lesson at the same time.

A complete solution can come about in a variety of ways but with our present insights and resources it is still essential that a youth have some training or education development to be considered a contributing member of society.

A new approach is required if education is to be meaningful to him. This approach must be student-centered. It must evolve from the situations students themselves create (those in which they express interests). It must be viable, flexible and fluid. It must offer more than one form of administrative arrangement for meeting the needs of socially maladjusted children. It must be a team effort of school personnel including general education, exceptional child education, vocational education, and pupil personnel services--all must be willing to cooperate and work together on behalf of the socially maladjusted youngster, plus other community agencies.

An educational program without this team work will be ineffective and lacking.

The continuum of administrative arrangements would include the following:

a. A self-contained classroom or separate program--A classroom for the socially maladjusted should not be a "dumping ground". The purpose of the separate program should be to provide educational programs, behavioral management and group interaction analysis for those students who cannot presently profit from regular class placement. The goal is to return them to the regular stream of education as soon as possible.

b. Resource room or part-time classroom in regular school -- The resource teacher is responsible for translating the psycho-educational evaluation findings into appropriate educational and behavioral management objectives and the planning, implementation and evaluation of the appropriate instructional procedures. These would include basic skill needs and the therapeutic management of social maladjustment behaviors. A teacher who is available to provide direct services to children, available for constant consultant and communication with regular classroom teachers and principals regarding the student's specific needs and recommendations of materials, instructional procedures, information for parent conferences, and utilization of community agencies.

c. Consultative teacher -- The consultative teacher should be responsible for consultation and communication with regular classroom teachers and principals in terms of dealing with individual or group problems regarding specific needs, materials, instructional procedures and behavioral management. The teacher should serve as the liaison between the school and community agencies. The major responsibility for the total curriculum planning of the student's school life remains with the regular instructional program.

A continuum of programs for the socially maladjusted within the public schools would be as follows:

Relationship of Severity of Maladjustment to Educational Needs

Self-contained classroom or separate program	Resource room in regular school	Consultative teacher to work with regular class teachers	Full-time in regular classroom
Education Team: EXCEPTIONAL CHILD EDUCATION VOCATIONAL EDUCATION PUPIL PERSONNEL SERVICES	Education Team: EXCEPTIONAL CHILD EDUCATION GENERAL EDUCATION VOCATIONAL EDUCATION PUPIL PERSONNEL SERVICES	Education Team: EXCEPTIONAL CHILD EDUCATION GENERAL EDUCATION VOCATIONAL EDUCATION PUPIL PERSONNEL SERVICES	Education Team: GENERAL EDUCATION VOCATIONAL ED PUPIL PERSONNEL SERVICES
Student enrollment in Exceptional Child Education	Student enrollment in Exceptional Child Education with fusion in General Education	Student enrollment in General Education	Student enrollment in General Education

It must be remembered however, that a child will be provided a program only when specific objectives stating his precise needs are developed and a specialized program designed that specified selected procedures, content, and methods relevant to the identified objectives. Measurement or evaluation of the student's performance would be in accordance with the objectives developed for each child.

Some of the characteristics necessary in a program for the socially maladjusted include the following:

-The relaxation of academic pressure;
-Individualized and flexible instructional programs;
-The centering of the program in activities rather than in textbooks;
-A sufficient variety of course offerings to meet the needs of all types of students;
-Stress upon remedial work in the basic learning skills;
-Elasticity in the application of a minimum number of rules and regulations in a relaxed and permissive environment;
-An intensive but informal guidance progress stressing the uniqueness of each personality and its problems and adjustment to home, employment and society as well as to the school; and
-A staff carefully selected for their interest in students as persons.

2. Student Assessment

Once a student is accepted into a program there should be a periodic diagnosis of the student in terms of capability, performance, and motivation. The results, of course, would have a bearing upon lessons and program evaluations. Examples of diagnostic and assessment techniques are:

a. Individualized conference, counseling, and tutoring
b. Group counseling
c. Rap sessions, peer counseling and magic circle
d. Psychological tests, examinations and inventories
e. Sociograms
f. Systematic reporting for students, parents and school personnel.

E. Facilities

Facilities for programs for socially maladjusted children should meet accreditation standards 9.661 - 9.663.

F. Transportation

Transportation becomes an important consideration in planning the type of program to be provided as well as the location of the education facility in which the program is to be housed.

Travel monies should be provided for itinerant teachers of socially maladjusted children.

G. Program Personnel

The statements below are presented as guidelines to assist in the selection and placement of teachers to work with the socially maladjusted. The teacher of the socially maladjusted should:

1. Have a knowledge of behavioral and academic characteristics of socially maladjusted children;

2. Have a knowledge of educational strategies utilized with maladjusted children, the theoretical rationale underlying the various strategies and be able to describe and defend a personal orientation.

3. Have a knowledge of realistic alternatives in the management of maladjusted behavior.

4. Have a knowledge of materials and approaches to be utilized in teaching reading, mathematics, social skills, vocations and other school subjects;

5. Have a knowledge of how to individualize instruction within a group setting;

6. Have a knowledge of general policies regarding referral, placement, and dismissal procedures for socially maladjusted children;

7. Have a knowledge of behavioral and academic assessment instruments and how these instruments may be utilized in educational planning and programming.

8. Have a knowledge of state and federal laws which govern provisions for socially maladjusted children.

9. Have skills necessary to develop understanding of children's problems between parents and school related personnel.

Designing effective inservice programs calls for considerable creative planning, yet this is a crucial dimension of developing and improving programs. Inservice education designed for professional growth will make significant contributions to all those involved in the education process.

H. Program Evaluation

The overall effectiveness of this program lies in what it does for participating students which would not be accomplished if these programs and services did not exist.

Several means will be used to measure the overall effectiveness of the program.

1. Since most students involved with this program will be among the group of students most likely to drop out of the traditional school program, a factor of predictability can be determined by comparisons between predictability of being a dropout and actual dropout figures.

2. Attendance data from each student's past record can be obtained and compared to attendance records of the student following admissions to the program.

3. Based upon the student's previous record of disciplinary actions, a predictable number of disciplinary actions can be developed for each individual student participant. This prediction will be compared to the number of disciplinary actions following admission to the program.

4. Locally developed attitudinal instruments and instruments on the market for purchase can be used to collect information on the attitudes of students toward themselves and education in general. Pre and post measurements can be used to provide comparative data.

   Attitudinal instruments can be used to collect information on attitudes toward the community and social awareness in the community.

Evaluation procedures may include written assessments by staff, children, and agencies relating to program effectiveness; tabulations of children enrolled and withdrawn to regular class programs; indications of greatly modified behavior as versus behavior noted upon admission; and improved scores on standardized achievement tests and self-concept scales.

PLANNING INSTRUCTIONAL PROGRAMS FOR THE GIFTED

A. Definition

One who has superior intellectual dvelopmental or outstanding talent and is capable of high performance including those with demonstrated achievement or potential ability. The mental development of a gifted student is greater than two standard deviations above the mean (in most tests the mean intelligence quotient is 100).

B. Criteria for Eligibility for Special Programs

From early childhood, gifted children give indications of superior intellectual ability. These children may walk and talk at an earlier age than other children and in other ways indicate they are more advanced for their age; they are more alert, and learn quickly. On tests of scholastic aptitude these children score markedly above average.

The gifted child usually exhibits superior facility for:

Language: Highly verbal; Advanced vocabulary; Reads at least two years above grade level; Superior communication skills; Creative manipulation of language.

Conceptualization: Keen insight into cause and effect relationships; Highly observant; Rapid mastery of and easy recall of facts; Creative manipulation of symbols.

Socialization: Outgoing and friendly; Assumes leadership roles; Well developed sense of humor; Openness to others.

Productivity: High physical and intellectual energy level; Self-motivated to learn; High standards and goals; Prolonged attention span.

Gifted children will not possess all of the above characteristics to the same degree but will evidence most characteristics to a greater degree than other children.

Underachieving students are of major concern. These children often lack interest and motivation for academic subjects. For motivation of achievement, it is desirable to identify pupils with academic ability at an early age and plan carefully for their education.

All pupils may have talents in areas other than the academic field--areas such as art, music, social relations, leadership, mechanical ability, and athletic skills. Creativity is another special ability which should receive increased attention in education. Students may be outstanding in some areas and average or below average in others.

The identification of pupils with special abilities and talents and providing educational activities for them is of great importance in building a comprehensive gifted program.

C. Procedures for Screening, Referral, Identification, Placement and Dismissal

1. Screening

In order to ensure children of appropriate educational programs, every school district is faced with the responsibility of developing an ongoing screening program. If the screening program is to be effective and efficient, it requires the assistance of all the professionals with whom the child may have association.

Weighted checklists may be used by teachers, principals and other school personnel for screening. Two examples of checklists for screening are the Renzulli-Hartman Scale for Rating Behavioral Characteristics of Superior Students and the Dade County Talented Pupil Characteristics Scale which are printed in Florida's State Resource Manual for Gifted Child Education.

2. Referral

A referral system should be established in each school district to ensure each child an adequate diagnosis and an appropriate educational program. Nominations for the program should reflect the educational philosophy of the district, goals of the program, definition, and eligibility criteria.

Guidance counselors, specialists, community professionals, classroom teachers, principals, administrators, parents, peers and self-referrals are sources for program candidates.

3. Identification

Identification of students must be a process that reflects the goals, objectives, organization and instructional design of the program. Emphasis should be upon identification of children at an early age. The identification process should include a variety of criteria which would provide for the selection of children from minority groups, because of the environmental impact on test performance.

After screening, a case study should be prepared to provide information from the following areas:

Academic History - Provided by an official transcript.

Testing Information:

Cognitive Tests for Measuring Thinking

a. Convergent Thinking

Intelligence Tests
-Stanford-Binet Intelligence Scale (grades K-12)
-Wechsler Intelligence Scale for Children (WISC) (grades K-10)
-Peabody Picture Vocabulary Test (grades K-12)
-California Tests of Mental Maturity (grades 4-12)

b. Divergent Thinking

1. Creativity Tests
   -Torrance Tests of Creative Thinking - Verbal
   -Torrance Tests of Creative Thinking - Figural
   -Guilford's Tests of Creativity - Verbal, Figural

2. Intellectual Maturity
   -Goodenough - Harris Drawing Test (Figural)

Affective Tests for Measuring Feeling

a. Convergent Tests

1. Character and Personality
   -Early School Personality Questionnaire (grades 1-3)
   -Children's Personality Questionnaire (grades 3-6)
   -Jr. - Sr. High School Personality Questionnaire (6-12)
   -California Tests of Personality (grades K-12)

2. Self-Concept
   -"How Do You Really Feel About Yourself?" (grades 4-12)
   -Tennessee Self-Concept Scale (grades 5-12)
   -Self-Concept as a Learner, Elementary Scale (grades 3-12)
   Secondary Scale (grades 7-12)

b. Divergent Tests
   -Barron-Welsh Art Scale of the Welsh Figure Preference Test (1-12)
   -Personality Rating Scale (grades K-12)
   -Preschool Academic Sentiment Scale (grades K-1)

Interests, Observations, and Social-Emotional-Adjustment Appraisals

Examples of teacher observations, student self-inventories, and other devices may be found in the following:

1. Rice, Joseph P., Developing Total Talent, Springfield, Illinois: Charles C. Thomas, 1970.
   pp. 199, Interest-Performance-Capability Checklist
   pp. 200, Physical Development Instrument
   pp. 201, Social Development Scale
   pp. 202, Emotional Development Appraisal
   pp. 203, Parent Inventory

2. Williams, Frank E., A Total Creativity Program, Englewood Cliffs, New Jersey: Educational Technology Publications, Inc., 1972.
   Volume I, "Identifying and Measuring Creative Potential"
   Volume III, "Teacher's Workbook" (Lists and checklists of pupil thinking and feeling behaviors)

3. Meeker, Mary N., "A Rating Scale for Identifying Creative Potential"

Personality Assessment: Utilize interviews

Other Factors: Add any other evidence that would aid a placement committee in making decisions about the child.

4. Placement

All the available data (referral, screening, identification) relevant to making recommendations for educational programming should be gathered and presented to the staffing committee. The purpose of staffing is to ensure the appropriate educational program for the child. Therefore, concerned professionals who have pertinent information relevant to the child should submit to the staffing committee the available data for study and evaluation. Among those who should be included are the referring teacher, referring principal, school psychologist, school social worker, receiving teacher, receiving principal and a representative from the Exceptional Child Education Department who chairs the staffing committee.

5. Dismissal

A child may be dismissed from the program if he is not benefiting from the program as determined by his performance on evaluation measures and by teacher observation and documentation which is studied and evaluated by the staffing committee who make the decision for dismissal. Parents may request withdrawal of a child from the program at any time.

D. Instructional Program

1. Program Objectives and Curriculum

The goals for a program for the gifted are:

To provide a learning atmosphere which will enable the gifted child to develop his potential and exceptional abilities particularly in the areas of decision-making, planning, performing, reasoning, creating and communicating which makes him unique.

To provide an opportunity for the student to utilize his initiative, self-direction and originality in dealing with problems;

To provide the environment for realistic goal setting in which the student accepts responsibility as evidenced through the selection of projects and programs which are designed to aid in developing and expanding his cognitive and affective abilities and to broaden his field of personal reference;

To provide activities which incorporate a multi-media, multi-level, interdisciplinary approach and for transfer of learning;

To provide an opportunity for relationships and experiences in order to extend his experiential horizons, project greater goals for himself and gain a sense of responsibility and intellectual freedom.

The objectives for leaders of programs for the gifted will include:

-Developing a framework for identification of gifted children;
-Developing information for educational staffs regarding gifted children;
-Developing ongoing components for staff development of current and aspiring teachers of gifted children;
-Developing community programs geared to understanding of programs for gifted children.

2. Organization

Program I

I. Special Grouping Possibilities

A. Special Classes. Full-time classrooms, composed of highly gifted youngsters, whose needs cannot be met in the regular classroom, and other gifted youngsters. These classes may be grouped in one facility or in feeding schools, or where numbers are sufficient in individual schools. Cross grading of 4,5,6; 4-5,5-6; 1,2,3; or 3-4,1-2; or other combinations may be utilized.

B. Cluster Grouping. Groups of eight to fifteen gifted youngsters may be placed in a class setting. Special activities are planned for the gifted for in-depth study.

C. Homogenous Grouping. A district may structure one or more of its schools in terms of ability grouping. The average child receiving a balanced educational offering, the slower child receiving remedial and specialized instruction, and the gifted receiving exposure to strategies and materials that will be challenging to them.

II. Enrichment in the Classroom

A. Independent Study. Individualized projects or studies may be planned in the various subject matter areas which provide opportunities for the gifted student to engage in advanced study and the methodology of research. These studies may offer the student additional information or activities in a given area and would be both horizontal and vertical enrichment.

B. Supplemental Learning Kits. Individualized materials such as the Math Lab, SRA Kits or other commercial instructional items may be made available to allow the student to pursue individual study.

C. Accelerated Subject Matter Units. These units may be provided for the gifted student in the classroom and lend themselves quite well to the higher processes of thought such as analysis, synthesis, and evaluation. Units in subject matter areas may be as widely different as statistics units in mathematics to characterization units in language arts. These units should also reflect the use of advanced methodologies.

D. Team Teaching for Specialized Subject Matter Study. Teachers with specific talents or knowledges may arrange their daily schedules to exchange groups of students for instructional purposes. That is, students with interests or talents in different areas meet with other instructors. In this way, teacher talent is utilized. These cooperative arrangements may cut across grade levels as well as schools whenever necessary to meet the needs of the students.

E. Small Group Instruction. Seminars of gifted students may be arranged to meet daily or weekly to discuss specific topics or reading material.

These seminars can be handled by volunteer resource people, teachers or a consultant. In some cases, secondary students may be utilized as enrichment leaders.

F. Lecture/Demonstrations. Resource people from the community, teachers with expertise in specific areas or consultants may provide large group experiences. These may involve the acquisition of skills such as art techniques, or experiences geared to the discussion of ideas such as simulated United Nations meetings or knowledge building, such as special guest speakers.

III. Acceleration and Advanced Placement

A. Advanced Classes. Advanced subject matter offerings including differential strategies may be offered at both the elementary, middle and secondary areas.

B. Early Entrance. Bright children may be placed in the first grade before five and in the kindergarten before the age of four. Individual sections for bright students may include one half of kindergarten and one half of first grade to be followed by second grade. These children, in many cases, are reading and writing or evidencing advanced aptitude for both.

C. College Classes. Advanced placement exams may be taken by graduating seniors who may achieve sophomore standing. High school juniors and seniors may also enroll on college campuses for advanced courses which are not available on campuses in the county high schools.

IV. Placement in Special Settings

A. Special Seminars. Small group seminars at local colleges or universities in co-operative teacher training-community service projects.

B. Special Lecturers. Community resource individuals can be encouraged to give lectures which are community service and co-operatively attended by citizens and students. These individuals may be local artists, scientists, educators, etc.

C. Individual or Small Group Counseling. Opportunities for counseling may be arranged for gifted students involving personal, educational or vocational guidance. Individuals trained in group dynamics and techniques can encourage gifted students to discuss and analyze areas of concern such as sibling rivalry, dating, problems with parents, etc.

D. Tutorials. Qualified parents, students, community volunteers, and teachers may volunteer to meet on a regular basis with a student who has particular interest or need that cannot be met in the regular confines of the classroom, i.e., a computer technologist working with a junior high student interested in computer programming or a budding 4th grade poet working with a professional poet.

E. Field Trips. Supplementary field trips to areas of interest in and near the county can be an educational extension of subject matter experiences in the classroom, e.g., museums, restored period homes, art exhibits, fossil quarries, industries or technological exhibits.

F. Travel. Summer travel and weekend travel with guides may be arranged as experiences planned to extend studies in social science areas in particular. A good example would be the opportunities to travel with the Explorer's Club to actual digs with anthropologists and archaeologists.

G. Summer School Enrichment Classes. Opportunities for self-contained classes to provide in-depth study of student selected major topics as well as the flexibility to explore new areas of interest. Interaction with master teachers and peers, volunteer experts in particular fields of interest to the student and unique exposure to the arts in various forms are especially emphasized.

V. Specialized Instruction for the Development of Unique Talent

A. Dance, Music or Drama for the Expressive Arts
B. Fine Arts Instruction
C. Manual Arts and Crafts
D. Literary Arts with Emphasis on Creative Writing
E. Industrial Arts
F. Linguistics

Program II

Gifted pupils have varied interest and abilities. Consequently, in planning educational programs for the gifted, individualization should be stressed. Subject matter and skills, the type of learning materials, including the strategies utilized in teaching the gifted need to be selected with a specific gifted population in mind. Within given districts, the program for gifted pupils will be more effective if based on clearly stated behavioral objectives (as they apply specifically to the gifted) and a thorough study of the identified gifted students. Curriculum and program may then be planned from the results of the individual child study.

The District program may take a variety of forms, depending on the following: (1) number of gifted children identified; (2) the available or obtainable resources in the community, both human and physical; (3) the local educational point of view.

Administrative arrangements such as grouping, special interest classes or grade-skipping, are devices only. They do not, in themselves, constitute a program. However, they may be utilized to facilitate individualized instruction for gifted pupils.

Grouping can be defined as pupil classification according to one or more criteria for instructional purposes. Both criteria and purposes for grouping need to be clearly formulated and carefully applied for the procedure to be educationally sound.

Acceleration is a process of advancing through the usual pattern of grades or subject matter at a rate that exceeds normal. For gifted pupils, this may take several directions. One caution to be observed is the need to avoid gaps in skills and conceptual development. To avoid gaps, careful assessment of these skills should be an integral part of the program of individualization.

Enrichment refers to the attainment of wider and deeper meanings concerning a topic of study. For the gifted, the range of enrichment possibilities is infinite and should be the goal toward which individualized programming may be directed. An enriched curriculum or enriched learning experience for gifted involves an emphasis on generation of knowledge, including analysis of relationships between facts and concepts.

3. Student Assessment

Once a student is accepted into a program there should be a periodic diagnosis of the student in terms of capability, performance, interests and motivation. The results, of course, would have a bearing upon lessons and program evaluations.

Examples of diagnostic and assessment techniques are:

1. Individualized conferences, counseling, and tutoring;
2. Group counseling;
3. Rap sessions, peer counseling, magic circle and boundary breaking;
4. Psychological tests, examinations and inventories;
5. Sociograms;
6. Systematic reporting for students, parents, and school personnel.
7. Williams, Frank E., A Total Creativity Program, Englewood Cliffs, New Jersey: Educational Technology Publications, Inc., 1972.

pp. 1-13, Aids for Assessing Pupils; pp. 14-16 Aids for Compiling and Diagnosing Pupil Assessments

E. Facilities

Facilities for programs for gifted and talented children should meet accreditation standards 9.661 - 9.663.

F. Transportation

Transportation of gifted and talented children may be provided for clustering of students in centers or resource rooms. Travel monies should be provided for itinerant teachers of the gifted.

G. Program Personnel

These special characteristics are needed for teachers of the gifted:

1. Creativity in thinking, classroom management, teaching strategies, utilizing materials, planning educational experiences, and use of community resources.

2. Organizational skills in curriculum, utilizing physical environment, locating

and working with community resource people, and classroom management.

3. Enthusiasm for the learning process, the development of a gifted program, the individualization of learning, and creativity in teaching in learning.

4. Warmth and sincerity in accepting and encouraging individual differences and non-conformity of gifted children, for fellow professionals and colleagues, and in working with parent relationships.

5. Knowledge in the area of gifted children (their needs and characteristics), one field or area of expertise, the problem solving methods utilized to relate various fields, broad areas or disciplines, and teaching strategies specifically geared to the gifted.

6. Flexibility in utilizing the physical environment, utilizing a variety of materials and equipment, structuring and restructuring interest and learning groups, modifying lessons to capitalize on opportunities for spontaneous learning.

7. Resourcefulness in locating supplementary materials, identifying resource individuals, and locating sites for meaningful educational experiences.

Designing effective inservice programs calls for considerable creative planning, yet this is a crucial dimension of developing and improving programs. Inservice education designed for professional growth will make significant contributions to all those involved in the education process.

H. Program Evaluation

The evaluation procedures should be in terms of the program's basic objectives. The evaluation design should collect data for program validation, follow-up, and modification of curriculum and pupil behavior. Examples for evaluating classroom climate and lessons, teacher self-evaluation instruments, suggested evaluation designs for gifted programs, and descriptions of three evaluation models may be found in Florida's State Resource Manual for Gifted Child Education.

PLANNING INSTRUCTIONAL PROGRAMS FOR THE HOSPITALIZED AND HOMEBOUND STUDENT

A. Definition

A student who is required to be at home or in a hospital due to a physical or mental impairment or illness.

B. Criteria for Eligibility

1. Certification by licensed physician that the student is expected to be out of school for at least fifteen to twenty days, is under medical care and is able to participate in a hospitalized or homebound program.

2. Free of infectious or communicable disease.

3. Signed parental agreement concerning hospitalized and homebound policies and parental cooperation.

C. Procedures for Screening, Referral, Identification, Placement and Dismissal

1. Screening

   Medical doctor's recommendation

2. Referral

   The guidance department of the high school and principal or other personnel of the elementary school secures information denoting the students' eligibility and forwards the referral to the Coordinator, Exceptional Student Education. Occasionally a direct referral is made by a physician or parent to the Coordinator, Exceptional Student Education.

3. Identification

   The identification of a student to be placed in the homebound hospitalized program is made by the physician. This written statement of eligibility becomes a part of the students' homebound record.

4. Placement

   a. Assignment of the student to the homebound or hospitalized program is made by the Director of Exceptional Student Education after meeting eligibility criteria. A staffing committee may be called upon to assist in reviewing the eligibility criteria.

   b. All assignments are subject to re-evaluation of eligibility criteria; assignments which extend for a period of three months will be required to be re-evaluated in terms of continued eligibility and/or referral to a more appropriate program.

c. The staffing committee shall consist of the homebound teacher, the Director of Exceptional Student Education, appropriate school personnel and other persons as necessary.

5. Dismissal

a. Recommendation of physician due to inability to participate or termination of illness.

b. Recommendation of school staff.

c. Failure of parents or student to cooperate.

d. Return to regular or other program.

D. Instructional Program

The instructional program is basically an individualized program based upon instructional objectives. Homebound/Hospital teachers in cooperation with school personnel designated by the principal design the program for each pupil. Insofar as is possible, curriculum follows that of the regular school, adapted to the needs of the child. Instruction is academically oriented with emphasis to promote social and emotional adjustments while he is absent from his peer group.

1. Specific objectives:

a. Retain good study habits.
b. Achieve up to his ability level.
c. Maintain, whenever possible, contact with the school group.
d. Be prepared for re-entry into the regular program when his physical condition permits.

The individualized program requires a variety of materials, equipment and curriculum such as:

a. Reading materials should consist of a large variety. Textbooks as are used in the regular classes should be provided, along with newspapers, current events, encyclopedias, dictionaries and a limited library of "reading for pleasure" books should be at hand.

b. Audio-Visual supplies such as language masters, cassette tape recorders, record players, portable filmstrip projectors, V-8 film loop machines, portable overhead projectors and teaching machines. A wide selection of elementary and secondary subject material in the areas of language arts, science, mathematics, and social studies be made available to accompany the audio-visual equipment.

c. Manipulative materials and games such as individual academic games, reading and phonic games, puzzles, brain teasers, work building blocks, flash cards, books on learning, language and listening records may be used. Clay and other arts and crafts materials may also be used as the teaching situation permits.

Curriculum

Academically, the homebound/hospitalized programs follow the regular school program as far as possible.

Organization

Dependent upon the subjects carried, the students' abilities and the geographic location (ex. all distant from each other as opposed to several in hospital), maximum realistic caseload may vary from one day to the next. Ten students for an itinerant homebound teacher would be considered a caseload while the hospital teacher may see many more a day.

2. Student Assessment

Student assessment is determined by the students' developmental functional level. Performance based objectives will aid the student in progressing. Assessment would be by teacher observation, standardized tests, teacher made tests, and parent interviews.

E. Facilities and Teaching Environments

Facilities are varied due to home and hospital situations. However, every effort should be made to provide a suitable teaching environment for each child insofar as possible. It is required that an adult be in the home during the instruction period. Supervision of daily study periods, and scheduling of time for study is the responsibility of both the student and the parent. A quiet, well-lighted, ventilated room where the child will be free from all interruptions is essential for good lessons. A place where the student may comfortably write should be provided. A bridge table or other small table may serve as a desk. Radio, television must be turned off, other children visitors and pets should be kept out of the room.

Facilities are necessary for the homebound/hospital teachers as a base of operation for the assignment of new pupils, the preparing and storing of records, textbooks, equipment supplies, materials, and a meeting place for faculty meetings.

F. Transportation

Teachers will be reimbursed for necessary travel in performing homebound and hospitalized service.

G. Program Personnel

Teachers of the homebound/hospitalized pupils are not required by state regulation to have special certification over and above the regular elementary and secondary certification. It is desirable, however, to have certification in the area of motor disabilities. It is recommended that a teacher of the homebound/hospitalized have a successful teaching experience in the regular classroom at as many different grade levels as possible. The teacher must be knowledgeable in curriculum requirements at all levels and be able to develop appropriate individualized programs and to understand basic motivational procedures.

Competencies that apply to all teachers are:

1. Well qualified in all areas as possible.
2. Emotionally stable.
3. Understanding patience and a genuine love for people and teaching.
4. Well adjusted personality.
5. Possess the maturity and tact necessary in her association with parents, medical groups and others.
6. Display initiative and resourcefulness in developing materials and activities.

Supervision

The homebound-hospitalized teacher is responsible to the Coordinator, of Exceptional Student Education program or someone he has designated. Many times where there are as many as seven or more teachers a coordinator from the group is appointed.

In-service

Participation in CEC Conventions, a work study workshop, various Health Associations, group meetings.

H. Program Evaluation

The ability of a student to perform at the rate commensurate with peers when he returns to regular class will serve to evaluate the quality of the homebound/ hospitalized instruction.

Evaluation forms may be sent to teachers which provide the opportunity to evaluate the effectiveness of the program and to make suggestions for improvements.

Additional evaluation methods would include a program profile study and a program needs assessment to determine strengths and weaknesses.

Progress reports are sent the student's school upon dismissal. If the student has not been on the homebound program a full grading period, the homebound teacher and the classroom teacher compile the earned grades.

Yearly evaluations and program recommendations are compiled by homebound teachers.